

STUDY ABROAD APPLICATION FORM

TRENT UNIVERSITY

APPLICATION INFORMATION

Student Email: _____

PROGRAM SELECTION

Study Abroad:

- Spring Year: _____
 Fall

Are you applying for one or two study abroad semesters? _____

Did you ever apply to TRENT UNIVERSITY before?

- Yes: Year: _____
 No

Did you ever attend TRENT UNIVERSITY before?

- Yes: Year: _____
 No

PERSONAL INFORMATION

Choose: Ms (Single) Mrs (Married) Mr

First Name: _____

Middle Name(s): _____

Preferred Name: _____

Last Name: _____

Former Last Name _____

Sex: Male Female

Date of Birth: _____

Status in Canada:

- Study Permit (study in Canada for more than 6 months and/or plan to work on campus)
- Visitor (study in Canada for less than 6 months, not work at all)
- Other (e.g. Canadian Citizen, Permanent Resident)

Country of Citizenship: _____

First Language: _____

AUTHORIZED CONTACT

Please authorize IEC Online GmbH to act on your behalf concerning any aspect of your application to TRENT UNIVERSITY:

Name of Representative: IEC Online GmbH

Name of Advisor (if applicable): _____

Address: Marienstrasse 19-20
10117 Berlin
Germany
Telephone: + 49 30 2045 8687
E-Mail: americas@ieconline.de

Relationship to Student: Agent

Student's Signature: _____

STUDENT'S ADDRESS IN HOME COUNTRY

Street: _____

City: _____

Country: _____

Postal Code: _____

Primary Telephone Number: + 49 _____

STUDENT'S PERMANENT ADDRESS IN HOME COUNTRY (e.g. Parents')

Street: _____

City: _____

Country: _____

Postal Code: _____

Primary Telephone Number: + 49 _____

EDUCATION

HIGH SCHOOL INFORMATION

Name of High School: _____

Address Street: _____

Postal Code + City: _____

Dates Attended: From (Month/Year): _____ To (Month/Year): _____

Degree Achieved: _____

CURRENT UNIVERSITY/COLLEGE

Name of University/College: _____

Address Street: _____

Postal Code + City: _____

Dates Attended: From (Month/Year): _____ To (Month/Year): _____

Current Semester: _____

Study Program: _____

Degree Planned/Achieved: _____

FORMER UNIVERSITY/COLLEGE

Name of University/College: _____

Address Street: _____

Postal Code + City: _____

Dates Attended: From (Month/Year): _____ To (Month/Year): _____

Study Program: _____

Degree Achieved: _____

ACTIVITIES

If you have been out of school for more than 6 months, or if there are any gaps in your education history, please provide a detailed account of your activities (volunteer, paid work, etc.) during this time.

1) Dates: From (Month/Year): _____ To (Month/Year): _____

Activity Title: _____

Employer: _____

2) Dates: From (Month/Year): _____ To (Month/Year): _____

Activity Title: _____

Employer: _____

3) Dates: From (Month/Year): _____ To (Month/Year): _____

Activity Title: _____

Employer: _____

4) Dates: From (Month/Year): _____ To (Month/Year): _____

Activity Title: _____

Employer: _____

APPLICANT'S DECLARATION

I certify that the information and documents submitted in or with this application or to be submitted (all of which together constitute the application) are true, complete and correct including my declarations as to citizenship and status in Canada, and that all information relevant to a decision on the application has been disclosed. I understand that it is my responsibility to keep TRENT UNIVERSITY informed of any relevant changes to my information or application materials, occurring between the date of submission of my application and my registration, and I agree to do so immediately after any such changes occur.

I agree that my application for admission constitutes my acceptance of the admission requirements, policies and procedures and of the methods by which applicants are chosen.

I authorize Trent University to verify any information provided as part of this application and to collect, use and disclose my personal information for conducting a background check relevant to this application.

I understand that the discovery that any material information has been concealed, or that any given information is false or misleading could invalidate my application and result in immediate rejection, or in the revocation of my admission and financial support, and registration if I have been admitted.

I accept that information on misconduct and/or falsified documents is shared with universities and colleges across Canada and law enforcement agencies where appropriate, and in the case of international admissions, with Citizenship and Immigration Canada.

I agree to the above conditions and wish to submit my completed application.

By signing below I am verifying that the information above is correct and complete; and that I agree to the conditions as stated in the "Applicant's Declaration" statement.

_____/_____/_____, _____ _____
Date (MM/DD/YYYY), City **Student's Signature**

APPLICATION FEE PAYMENT

I pay the application fee via:

- VISA
 MasterCard

Total amount to be charged: \$ _____ **CAD**

Credit Card Number: _____

Expiration Date: _____

CVV2 (security code): _____

Cardholder's Name: _____

Cardholders' Relationship to Student (e.g. mother, friend, self): _____

Cardholder's Signature: _____

By signing, I authorize TRENT UNIVERSITY to charge my credit card for the amount I have entered above.

CERTIFICATION & AUTHORIZATION FOR IEC TO PROCESS THE APPLICATION

All applicants must sign below.

I certify that the information I have provided on this application is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application or admission. Important Reminder: Only complete applications will be reviewed.

I hereby permit IEC Online GmbH (International Education Centre) to submit the information which I have provided on the Application Form of TRENT UNIVERSITY via an electronic online application form created and maintained by TRENT UNIVERSITY.

____/____/____, _____ _____
Date (MM/DD/YYYY), City **Student's Signature**

Please submit your application with all required documents to IEC:

IEC Online GmbH
z. Hd. Team Americas
Marienstrasse 19/20
10117 Berlin
Germany