



University
of Victoria



International Education
for Global Minds

STUDY ABROAD APPLICATION FORM UNIVERSITY OF VICTORIA

PERSONAL INFORMATION

First Name: _____ Middle Name _____

Last Name: _____

Date of Birth: _____

Sex:

- Male
 Female

Place of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Primary Language: _____

STUDENT'S PERMANENT ADDRESS IN HOME COUNTRY

Permanent Address: _____

City: _____

Country: _____

Postal Code: _____

Primary telephone number: _____

Student Email: _____

HIGH SCHOOL INFORMATION

Name of High School: _____

Address: _____

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

Graduation Date: _____

UNIVERSITY & COLLEGE

Name of University or College: _____

Address: _____

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

(Expected) Graduation Date: _____

PROGRAM OF STUDY AT HOME

Faculty: _____

Program: _____

STUDY ABROAD AT UVIC

Entry Term:

- Summer Session (May – Aug)
- Fall Term (Sep – Dec)
- Spring Term (Jan – Apr)

Length of Study Abroad Term

- 4 months
- 8 months
- 12 months (includes summer session)

Name of Study Abroad Coordinator at home: _____

Email of Study Abroad Coordinator at home: _____

ALTERNATE CONTACT AND PERMISSION RELEASE

If you anticipate that a representative will be inquiring on your behalf about your application for admission during the evaluation period, enter their information here:

Name of Representative: IEC Online GmbH

Address: Marienstrasse 19-20
10117 Berlin
Germany

Telephone: +49 30 2045 8687

Email: americas@ieconline.de

Relationship to student: Agency

By providing this name I hereby consent to the release of information concerning my application for admission during the evaluation period.

Student's Signature: _____



PAYMENT OF APPLICATION FEE

I have enclosed payment via:

- VISA
- Mastercard
- Other: _____

Total amount to be charged: \$_____CAD

Credit Card Number: _____

Expiration Date: _____

CVV2 (security code): _____

Cardholder's Name: _____

Cardholder's Relationship to Student: _____

Cardholder's Signature: _____

By signing above, I authorize the University of Victoria to charge my credit card for the amount I have entered above.

Billing Address

Name: _____

Phone Number: _____

Address: _____

City: _____

Zip/Postal Code: _____

Country: _____

Email Address: _____

SIGNATURE

I verify that the information contained in this application is accurate to the best of my knowledge, and I understand that the application fee is nonrefundable.

Date (mm/dd/yyyy), Student's Signature