



APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA AS A STUDENT

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

| | | |
|---|------------------------------|-------------------------------------|
| 1 UCI | 2 * I want service in | OFFICE USE ONLY Validated |
| 3 I am applying for one or more of the following: | | |
| <input type="checkbox"/> * Apply for a study permit for the first time or extend my study permit <input type="checkbox"/> * Restore my status as a student <input type="checkbox"/> * Get a new temporary resident permit (for inadmissible applicants only) | | |

PERSONAL DETAILS

| | |
|--|--|
| 1 Full name | |
| * Family name (as shown on your passport or travel document) | Given name(s) (as shown on your passport or travel document) |
| 2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | |
| b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) | |
| Family name | Given name(s) |

| | | | |
|---------------|------------------------|-------------------------|------------------------|
| *3 Sex | 4 Date of birth | 5 Place of birth | |
| | * YYYY * MM * DD | * City/Town | * Country or Territory |

| |
|------------------------|
| 6 * Citizenship |
|------------------------|

| 7 Current country or territory of residence: | | | | |
|--|--------|-------|------------|------------|
| Country or Territory | Status | Other | From | To |
| * Canada | * | | YYYY-MM-DD | YYYY-MM-DD |

| | |
|---|--|
| 8 a) Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | |
| b) If you answered "yes" to question 8a), please provide details | |

| Country or Territory | Status | Other | From | To |
|----------------------|--------|-------|------------|------------|
| | | | YYYY-MM-DD | YYYY-MM-DD |
| | | | YYYY-MM-DD | YYYY-MM-DD |

| | | |
|---|--|--------------------|
| 9 * a) Your current marital status | b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship | Date YYYY-MM-DD |
|---|--|--------------------|

| | |
|---|---------------|
| c) Provide the name of your current Spouse/Common-law partner | |
| Family name | Given name(s) |

| |
|--|
| d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident? <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|

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|--|
| FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE |
|--|

| | |
|----------------|---------------|
| Applicant Name | Date of Birth |
|----------------|---------------|

PERSONAL DETAILS (CONTINUED)

| | | | | |
|---|------------|---------------|------------------|-------|
| 10 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) Provide the following details for your previous Spouse/Common-law partner: | | | | |
| Family name | | Given name(s) | | |
| c) Type of relationship | d) From | To | e) Date of Birth | |
| | YYYY-MM-DD | YYYY-MM-DD | YYYY | MM DD |

LANGUAGE(S)

| | | |
|---|---|--|
| 1 * a) Native language/Mother Tongue | *b) Are you able to communicate in English and/or French? | c) In which language are you most at ease? |
| | | |
| d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | | |

PASSPORT

| | | | |
|---|--|-----------------------|------------------------|
| 1 * Passport number | 2 * Country or territory of issue | 3 * Issue date | 4 * Expiry date |
| | | YYYY-MM-DD | YYYY-MM-DD |
| 5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes | | | |
| 6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes | | | |

NATIONAL IDENTITY DOCUMENT

| | | | |
|---|--|---------------------|----------------------|
| 1 Do you have a national identity document? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | | | |
| 2 Document number | 3 Country or territory of issue | 4 Issue date | 5 Expiry date |
| | | YYYY-MM-DD | YYYY-MM-DD |

US PR CARD

| | |
|---|----------------------|
| 1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | |
| 2 Document number | 3 Expiry date |
| | YYYY-MM-DD |

CONTACT INFORMATION**If submitting your application by mail:**

- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

| | | | | | | |
|--|----------------------------------|-------------|--|---------------|--------------|-----|
| 1 Current mailing address | | | | | | |
| P.O. box | Apt/Unit | Street no. | * Street name | | | |
| * City/Town | * Country or Territory Canada | | * Province | * Postal code | | |
| 2 Residential address Same as mailing address? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | | | | | | |
| Apt/Unit | Street no. | Street name | | | | |
| City/Town | Country or Territory Canada | | Province | Postal code | | |
| 3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other | | | 4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other | | | |
| Type | Country Code | No. | Ext. | Type | Country Code | No. |
| 5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other | | | 6 E-mail address | | | |
| | Country Code | No. | Ext. | | | |

| | |
|----------------|---------------|
| Applicant Name | Date of Birth |
|----------------|---------------|

COMING INTO CANADA

| | | | |
|----------|---|----------------------|---------|
| 1 | Date and place of your original entry to Canada | * Date YYYY-MM-DD | * Place |
| 2 | * a) The original purpose for coming to Canada | b) Other | |
| 3 | Date and place of your most recent entry to Canada (if not the same as original entry) | Date YYYY-MM-DD | Place |
| 4 | If applicable, provide the document number of the most recent Visitor Record, Study Permit, Work Permit or Temporary Resident Permit issued to you. | Document Number | |

DETAILS OF INTENDED STUDY IN CANADA

| | | | |
|--|---------------------|--|----------------------------|
| 1 I have been accepted at the following educational institution | | | |
| * a) Name of School | | * My level of study will be: | My field of study will be: |
| b) Complete address of school in Canada | | | |
| * Province | * City/Town | * Address | |
| 2 Designated Learning Institution # (O#) | My Student ID # is: | 3 Duration of expected study | * From YYYY-MM-DD |
| | | | * To YYYY-MM-DD |
| 4 The cost of my studies will be: | | 5 * a) Funds available for my stay(CAD) * b) My expenses in Canada will be paid by: | |
| * Tuition | Room and board | Other | c) Other |
| 6 a) In addition to a study permit, are you also applying for a work permit? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | | | |
| b) What type of work permit are you applying for: | | | |
| 7 If you have been issued a Quebec Acceptance Certificate (CAQ), provide the: | | | |
| Certificate Number | | Expiry Date | |

If you are under the age of majority of the province/territory where you intend to study, you must fill out the Custodian Declaration [IMM5646] form.

EDUCATION

| | | | |
|---|---------|-------------------------------|--------------------------------|
| Have you had any post secondary education (including university, college or apprenticeship training)? | | <input type="checkbox"/> * No | <input type="checkbox"/> * Yes |
| If you answered "yes", give full details of your highest level of post secondary education. | | | |
| 1 | From | Field and level of study | School/Facility name |
| | YYYY MM | | |
| | To | City/Town | Country or Territory |
| | YYYY MM | | Province/State |

EMPLOYMENT

| | | | |
|--|-----------|-------------------------------|----------------------------------|
| Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator) | | | |
| 1 | From | * Current Activity/Occupation | * Company/Employer/Facility name |
| | *YYYY *MM | | |
| | To | * City/Town | *Country or Territory |
| | YYYY MM | | Province/State |
| 2 | From | Previous Activity/Occupation | Company/Employer/Facility name |
| | YYYY MM | | |
| | To | City/Town | Country or Territory |
| | YYYY MM | | Province/State |

| | |
|----------------|---------------|
| Applicant Name | Date of Birth |
|----------------|---------------|

EMPLOYMENT (CONTINUED)

| | | | | |
|----------|------------------------|------------------------------|--------------------------------|----------------|
| 3 | From | Previous Activity/Occupation | Company/Employer/Facility name | |
| | YYYY MM To | City/Town | Country or Territory | Province/State |
| | YYYY MM | | | |

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

| | |
|----------|---|
| 1 | a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | c) If you answered "yes" to question 1a) or 1b), please provide details. |
| | |

| | |
|----------|---|
| 2 | a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | c) Have you previously applied to enter or remain in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | d) If you answered "yes" to question 2a), 2b) or 2c), please provide details. |
| | |

| | |
|----------|---|
| 3 | a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) If you answered "yes" to question 3a), please provide details. |
| | |

| | |
|----------|--|
| 4 | a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served. |
| | |

Applicant Name

Date of Birth

BACKGROUND INFORMATION (CONTINUED)

5 Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? No Yes

6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? No Yes

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? No Yes

I understand that CIC is collecting this personal information to assess whether I should be granted a study permit and will use this information to verify my eligibility for a study permit as well as my compliance with the conditions of my study permit. CIC may disclose my personal information to CBSA to enforce the requirements of the Immigration and Refugee Protection Act.

I also understand that CIC may disclose my personal information to my designated learning institution to inquire whether I am in compliance with the conditions of my study permit. I consent to the disclosure of my personal information by my designated learning institution to CIC for the purpose of determining whether I am in compliance with these conditions. Failure to provide such consent will result in a refusal to grant a study permit.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

IMPORTANT NOTE:

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

DISCLOSURE

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [Infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.