



Application for Brock University

Term

☐ Winter 20____ (January-April) ☐ Fall 20____ (September-December)

Applicant Information

First or Given Name _____

Middle Name(s) _____

Last Name _____

Gender _____

Date of Birth (YYYY/MM/DD) _____

Citizenship & Language Information

Current Status in Canada

- ☐ Visitor
- ☐ Student Permit
- ☐ Canadian Citizen
- ☐ Permanent Resident
- ☐ Other: _____

Country of Citizenship _____

First Language _____

Contact Information

Email Address _____

Alternate Email Address (optional) _____

Country _____

Street _____

City _____

Postal Code _____

Cell Phone Number _____

Additional Phone Number (optional) _____

Address to be included on Study Permit

☐ click here if information below is that same as that above

Country _____

Street _____

City _____

Postal Code _____

Cell Phone Number _____

Additional Phone Number (optional) _____

Academic Information**Home Institution**

University _____

Country _____

Attended from (MM/YYYY) _____ until (MM/YYYY) _____

Field of Studies _____

Study Abroad Course Preferences

	Course code	Course title
1		
2		
3		
4		
5		
6		
7		
8		

Application Fee Payment (\$75 CAD)

Method of Payment: ☒ Credit/Bank Card

Credit/Bank Card

Cardholder's Name: _____

Credit Card Billing Address: _____

Credit Card Number: _____

CVV2: _____

Credit Card Type:

☐ Visa

☐ Mastercard

☐ American Express

Expiration Date (MM/YYYY): _____

Cardholder's email address: _____

Cardholder's Signature: _____

Certification

☐ I certify that all the information I am providing in the application is true to the best of my knowledge. I verify all is true and correct.

☐ I hereby permit College Contact to submit the information which I have provided on this form to Brock University via an electronic online application form created and maintained by Brock University.

Date _____ Signature _____