



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 (\$55 CAD)

Method of Payment: ⊠	Credit/Bank Card
Credit/Bank Card	
Cardholder's Name:	
Credit Card Billing Addre	ss:
Credit Card Number:	
CVV2:	
Credit Card Type:	
□ Visa	
☐ Mastercard	
☐ American Ex	press
Expiration Date (MM/YY)	(Y):
Cardholder's email addre	ess:
Cardholder's Signature: _	
Certification	
☐ I certify that all the ir verify all is true and corre	nformation I am providing in the application is true to the best of my knowledge. I ect.
	ge Contact to submit the information which I have provided on this form to Brock iic online application form created and maintained by Brock University.
Date	Signature