

# APPLICATION FORM



## KICKSTART YOUR FUTURE SUMMER PROGRAM

[Please print in BLOCK LETTERS]

### Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Family name:
Given names:
Preferred name:
Date of birth: DD / MM / YY
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary

### Nationality/citizenship

Country of birth:
Nationality:
Passport number:
Do you hold Permanent Resident status in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Contact details

Address in home country (must be applicant's address, not agent's address):
Postcode:
Mobile telephone:
Home telephone:
Applicant's email (mandatory):

### Education details

Secondary education – highest level achieved

Name of qualification (e.g. Year 12, HKDSE or A Levels):
School attended:
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date completed/Due to complete: MM / YY
Country/State:
Language of instruction:

### Personal information

I consent to FIC collecting, storing, and using my personal information in the manner and for the purposes set out in FIC's Privacy Policy, which includes admission, registration, graduation and other activities related to FIC's programs, and communication with me regarding my program, courses, campus and student activities and opportunities and the programs and services offered by FIC. I hereby consent to FIC disclosing my personal information to third parties in the manner set out in FIC's Privacy Policy, which includes disclosure to enrolment agents acting on my behalf.

I consent to FIC and its affiliates screening me and any persons whose details I have disclosed in this application through the Refinitiv World-Check service. Refinitiv is a third party service provider to FIC. Its privacy statement in relation to this service is accessible at [refinitiv.com/en/products/world-check-kyc-screening/privacy-statement](https://refinitiv.com/en/products/world-check-kyc-screening/privacy-statement).

I acknowledge that if I do not consent to the collection, storage, use and/or disclosure of my personal information, I may withdraw my consent by written notice to FIC (see the FIC Privacy Policy for contact information), provided that despite such notice, FIC will be permitted to collect, use and disclose personal information in accordance with the applicable legislation.

### Request for learning support

FIC provides academic accommodations to students formally designated with disabilities (for example, mobility, sight and hearing impairments; learning disabilities like dyslexia; psychiatric diagnoses; Attention-Deficit Hyperactivity Disorder, Autism Spectrum, and medical conditions that impact learning). Upon acceptance to the program, we encourage you to advise us of any impairments that may affect your full participation in the FIC curriculum so that we may accommodate your needs. For more information, please contact us by email at [info@fraseric.ca](mailto:info@fraseric.ca).

### Medical insurance requirements

I understand FIC will provide mandatory medical coverage upon my arrival in Canada for the duration of the Kickstart Your Future Summer Program. At the end of the program I will be responsible for arranging additional medical coverage if I intend to stay in Canada beyond the program end date.

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### Information of Persons Who May Pay Fees on Your Behalf

Will any person make payment of tuition or fees on your behalf (for example, a family member)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide the following details of that person(s):
Their surname:
Their first name(s):
Their citizenship (list all that apply):
Their ordinary country of residence:
Will any company or other entity make payment of tuition or fees on your behalf (for example, a sponsor organization)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide the following details of that company or entity below:
Its name:
Its place of incorporation:
The name of any person (if any) who ultimately controls or owns 50% or more of that company or entity:
That person's citizenship (list all that apply):
That person's ordinary country of residence:

### Other information

How did you first learn about FIC? You may tick more than one.
<input type="checkbox"/> Agent/recruiter
<input type="checkbox"/> Exhibition/seminar
<input type="checkbox"/> Social media/Google ads
<input type="checkbox"/> Friend/relative
<input type="checkbox"/> Referral by high school/university
<input type="checkbox"/> Other
Please specify:

### Application checklist

Please ensure that you have attached the following:

<input type="checkbox"/> Copy of latest academic transcript
<input type="checkbox"/> English language proficiency result
<input type="checkbox"/> Copy of passport/birth certificate
<input type="checkbox"/> Read and understood the Conditions of Enrolment including the Fee Refund Policy on the website at <a href="http://fraseric.ca/academics/summer-program">fraseric.ca/academics/summer-program</a>
<b>Student must check all the boxes above to indicate the application form is completed.</b>

### Declaration

- I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I have read and understood the published course information in this brochure or on the FIC website and I have sufficient information about FIC to enrol.
- I have read and understood the program information provided or on the FIC website and I have sufficient information about the FIC program to enrol.
- I agree to notify FIC immediately should there be any change to the information requested in this application, including disciplinary history.

If you are under 19 years of age, your parent or guardian must sign this application form.

<b>Parent's/guardian's signature:</b>
Date: DD / MM / YY

### Application submission

This application form has been submitted in:

City:
Country:

Unsigned applications cannot be processed.  
Agents may not sign on behalf of the applicant.

### Address your application to:

Fraser International College  
c/o Simon Fraser University  
8999 Nelson Way  
Burnaby, British Columbia  
Canada V5A 4B5

### Enquiries

T +1 778 782 5011  
F +1 778 782 5101  
E [admissions@fraseric.ca](mailto:admissions@fraseric.ca)  
[fraseric.ca](http://fraseric.ca)

### Representative details

Representative's stamp
Representative name:
Representative office code:
Recruiter's name:
Recruiter's email address: