

Application form Associate of Arts degree

Please print in BLOCK LETTERS

Personal details	Education details			
Title: Mr Mrs Miss Ms Other	Secondary Education – highest level achieved			
Family name:	Name of qualification (e.g. Year 12, HKDSE or 'A' Levels):			
Given names:				
Preferred name:	School attended:			
Date of birth: MONTH / DAY / YEAR				
Gender: ☐ Male ☐ Female	Completed: ☐Yes ☐ No			
Contact details	Country/State:			
Address in Canada (if known):	Language of instruction:			
	Post-secondary and further education			
	Name of qualification:			
	Institution attended:			
	institution attenued.			
Address in home country (must be applicant's address, not agent's address):	Completed: Yes No			
	Please attach certified copies of all academic transcripts or mark sheets.			
	Employment history			
	If you believe you have relevant employment experience, please attach details			
	Commencement			
Mobile telephone:	Please indicate the year and term you wish to begin your studies.			
Home telephone:	Year: □ January □ May □ September			
Applicant's email (mandatory):	Simon Fraser University (SFU)			
	If you wish to transfer from FIC to SFU, please indicate which SFU program you wish to transfer to (if known):			
Nationality/Citizenship				
Country of birth:				
Nationality:	Accommodation			
Passport number:	Do you require accommodation? ☐ Yes ☐ No			
Do you hold Permanent Resident status in Canada?	If "Yes", what type of accommodation?			
	Homestay			
English proficiency	☐ On-campus			
IELTS or TOEFL score:	☐ Off-campus			
Other:	Airport reception			
Are you currently enrolled in an English language specialist school?	Do you require airport pick-up? ☐ Yes ☐ No			
☐Yes ☐ No	If you ticked "Yes" above, information will be emailed to you regarding airport pick-up.			
If "Yes", name of school:	Request for learning support			
	FIC provides academic accommodation to students with disabilities (for			
Current level of English:	example, mobility, sight and hearing impairments and reading, writing or other impairments that adversely affect learning, such as attention-deficit hyperactivity disorder). Upon acceptance to the Associate of Arts degree program, we encourage you to advise us of any impairments that may affect			

For more information, please see the Disability Support page of the FIC website (www.fraseric.ca) or contact us by email at info@fraseric.ca or by telephone on +1 778 782 5011.

your full participation in the FIC curriculum so that we may accommodate

Medical insurance requirements ☐ I understand FIC will provide mandatory 12 months of medical coverage upon arrival in Canada. At the end of the 12 months I will have the option to extend the initial coverage or apply for the British Columbia Medical

Personal information

Services Plan.

- $\hfill\square$ 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
 - disclosure to SFU to process my application(s) to transfer from FIC to SFU
 - disclosure to the SFU Residence and Housing Department in support of my application for student housing at SFU
 - · disclosure to Navitas Limited and its affiliates for the purpose of communication with regarding programs and services offered by Navitas Limited and/or its affiliates
- ☐ 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.

Other information

How did you first learn about FIC? You may tick more than one.
☐ Exhibition/seminar
☐ Newspaper/magazine
Recommended by a friend/relative
Recommended by an education agent
□Internet
Other
Please specify:

Application checklist

Check that you have:

Completed all sections of the application form
\square Read and understood the Conditions of Enrolment including the
Fee Refund Policy on page 28

ree Refund Policy on page 28
Check that you have attached:
☐ Certified copies of your academic qualifications
☐ Evidence of your English language ability, if required
\square A copy of your passport, study permit or birth certificate, if required
\square Any relevant employment documentation, if required

Office use only

Identification number:	
Application number:	

This program is offered under the written consent of the Minister of Advanced Education and Labour Market Development effective 28 May 2010 having undergone a quality assessment process and been found to meet the criteria established by the Minister. Nevertheless, prospective students are responsible for satisfying themselves that the program and the degree will be appropriate to their needs (for example, acceptable to potential employers, professional licensing bodies, or other educational institutions).

Obtaining an Associate of Arts degree from FIC makes you eligible to transfer to certain third-year programs at SFU, but your acceptance into SFU will depend on the current general and program-specific requirements (which can be accessed at www.sfu.ca) and competition with other applicants. An Associate of Arts degree does not guarantee that your application to SFU will be accepted.

Declaration

- I authorize SFU Residence and Housing Department to give information about my application for student housing to FIC pertaining to my accommodation needs.
- I authorize FIC to obtain official records from any other educational institution attended I have attended.
- 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 understand that fees may increase. I accept liability for payment of all fees as explained in this brochure or on the FIC website, and I agree to abide by the Fee Refund Policy and Withdrawal Policy which is current at the time of my studies at FIC. I have also read the section in the FIC Brochure or website relating to costs of living and I understand that living expenses in Canada may be higher than in my own country and I confirm that I am able to meet these costs.
- I understand that after I commence my FIC program, I must complete a minimum of 30 units before I am eligible to transfer for SFU.

Applicant's signature:
(must be the same signature as in your passport)
Date: MONTH / DAY / YEAR
If you are under 19 years of age, your parent or guardian must also sign this application form.
Parent's/guardian's signature:
Date: MONTH / DAY / YEAR

Address your application to:

Admissions Office Fraser International College C/O Simon Fraser University Burnaby Campus MTF Building, Discovery Park Suite 100, 8900 Nelson Way Burnaby, British Columbia Canada V5A 4W9

Representative's stamp

Enquiries:

T +1 778 782 5011 F +1 778 782 5101 E admissions@fraseric.ca W fraseric.ca