

UNDERGRADUATE ADMISSIONS

University of Victoria PO Box 3025 STN CSC Victoria BC V8W 3P2 Canada ugvirs@uvic.ca

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For office use only									

Application for admission as a Visiting International Research Student

PERSONAL INFORMATION	IMMIGRATION STATUS			
○ Mr O Mrs O Ms O Miss O Other	Canadian citizenPermanent resident/landed immigrant			
Family name	Study permit/student visa			
ranny name	○ Diplomat			
Given name Middle name	○ Minister's permit			
Previous family name (if applicable)	COUNTRY OF BIRTH			
Preferred first name Gender	If you are not a Canadian citizen, indicate your country of citizenship and date of entry into Canada:			
Canadian Social Insurance Number (if applicable)	COUNTRY OF CITIZENSHIP			
MAILING ADDRESS	DATE OF ENTRY			
Apt. number / Street / Box number / RR/SS, Site, Comp	ENGLISH LANGUAGE PROFICIENCY			
City or town				
Province and country Postal code	PRIMARY LANGUAGE			
Area code Home telephone Alternate telephone	CURRENT UVIC STATUS			
Email address (The University of Victoria contacts students by email)	To help UVic process your application in a timely fashion, please check off the appropriate items below.			
APPLICATION INFORMATION	 I have previously submitted an application to UVic I have previously registered in courses at UVic (eq: Accelerated Entry, summerU, winterU, uStart) 			
Current post-secondary institution	My UVic student number is:			
Research supervisor at UVic	V 0 0			
UVic department where research will take place				
Time period of research START ENDMM/YYYY				

VISITING RESEARCH AGREEMENT							
efore you can come to UVic, there must be a written agreement between you, the home institution faculty member and your host UVic supervisor that has been prepared and approved by the UV hair or Director of the department. This written letter must summarize the funding arrangement for the research period, and include reference to matters such as intellectual property, stipend and enefits, travel costs, access to research equipment and supplies, research ethics, location of study and other details.							
O I have an approved research agreement with UVic							
• My research agreement has been submitted for approval							
$oldsymbol{\circ}$ My research agreement has been prepared, but not yet submitted f	or approval						
• A research agreement has not been prepared							
FEES AND COURSE REGISTRATION							
Please provide a non-refundable fee of \$142.00 (subject to change)	with your application via one of the following methods:						
• I have included a cheque or money order payable to the University of	of Victoria (DO NOT SEND CASH)						
• I will pay via credit card. Please email me with payment instructions	s after my application has been processed.						
u will be registered in VIRS301-9, International Visiting Research (6.0 units), in the appropriate faculty. Tuition fees are not charged for this course registration. If you wish to take additional cour							
Visiting research students have access to basic research services (e.g. library, e-mail access, computing). Basic student services (e.g. recreation facilities and transit passes) can be arranged provided that the applicable fees are paid by the student.							
	Protection of Privacy Act. If you anticipate that a family member or other representative will inquire about your application on n, we require your written permission before any personal information is released. **Additional Content of Privacy Act.** If you anticipate that a family member or other representative will inquire about your application on the permission before any personal information is released. **Additional Content of Privacy Act.** If you anticipate that a family member or other representative will inquire about your application on the permission of Privacy Act.** If you anticipate that a family member or other representative will inquire about your application on the permission before any personal information is released. **Additional Content of Privacy Act.** If you anticipate that a family member or other representative will inquire about your application on the permission before any personal information is released. **Additional Content of Privacy Act.** If you anticipate that a family member or other representative will inquire about your application on the permission of the permission						
NAME	RELATIONSHIP TO YOU						
VOLUNTARY DECLARATION							
The information in this section is collected to assess the university's pro-	ogress toward meeting its commitment to increase diversity in student recruitment and retention. Your response to these used for admission decisions. It will be used only for statistical purposes, unless you provide specific permission to share this						
If you are a member of one or more of these groups, please check off th	ne appropriate items below. Please note that a person may belong to more than one designated group.						
 I am an Aboriginal person of Canada: Métis, Inuit, First Nations, or Please forward this information to appropriate Aboriginal servi 							
O I have an ongoing disability.							
• Because of my circumstances, I may need assistance in order to	participate in my program. Please forward this information to services available to students with a disability.						
\boldsymbol{O} I am a member of a visible minority (a member of an ethnic or racial	group other than Aboriginal peoples, who are non-Caucasian or non-white in colour, regardless of birthplace).						
• I am a person of a minority sexual orientation or a transgendered p							
Tail a person of a minority sexual orientation of a transgendered p	PEISOII.						

DECLARATION

I accept and submit myself to the statutes, rules, regulations and ordinances of the University of Victoria as authorized by the Senate and the Board of Governors and the faculty or school in which in due course I shall be registered and to any amendments thereto which may be made while I am a student of the University and I promise to observe the same. I consent and authorize the disclosure of any information to the University of Victoria by an educational institution for the purpose of verifying information provided as part of this process and I understand that an admission or registration granted on the basis of this application may be revoked if the answers given above are untrue in any material respect.

SIGNATURE	DATE	

The University of Victoria collects the personal information on this form pursuant to the University Act, RSBC 1996, c.468 and section 26 of the Freedom of Information and Protection of Privacy Act.The information is used for the purpose of admission, registration and other decisions on your academic status and for the purposes consistent with other programs and activities of the University and may be used for research purposes but in those cases, individual identities will not be disclosed. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see www.statcan.ca/english/concepts/ESIS). If you wish further information, contact the Office of the Registrar.