

Student Information						
FULL NAME						
DATE OF BIRTH (YYYY/MM/DD)			GENDER			
COUNTRY OF CITIZENSHIP			STATUS			
COMPLETE ADDRESS (PLEASE WRITE BELOW)						
Apt/ Unit #		Street #		Street Name		
City/ Town		Zip Code		Country		
PASSPORT NUMBER						
EMAIL ADDRESS			PHONE NUMBER (+___)			
Educational Background & English Score Information						
SCHOOL NAME (highschool)			CITY, COUNTRY			
ADMISSION DATE (YYYY/MM)			GRADUATION DATE (YYYY/MM)			
SCHOOL NAME (university)			MAJOR			
ADMISSION DATE (YYYY/MM)			GRADUATION DATE (YYYY/MM)			
College and Program In Canada						
COLLEGE NAME			INTAKE(YYYY/MM)			
Program Choice 1			Program Code			
Program Choice 2			Program Code			
Shared email			Password			
Application Fee Payment						
Card Holder Name						
Card Number			Amount		CAD \$	
Expiry Date (MM/YY)			CVC			
<p>Pursuant to the Freedom of Information and Protection of Individual Privacy Act, I hereby authorize all of colleges and universities in Canada to release any and all information related to any and all aspects of my application for admission, acceptance, and fees of program of studies to the Stu-View Overseas Service (SOS). I certify that SOS is my selected representative and has my agreement to access and use this information to assist me to successfully register and access program at all of school in Canada.</p>						
SIGNATURE			Date			