

PERSONAL INFORMATION

STUDENT ID NO.:

FAMILY (LAST) NAME:

MacEwan International 7-105, City Centre Campus, 10700 - 104 Ave., Edmonton, AB T5J 4S2 Phone: 780-497-5397

www.MacEwan.ca/International E-mail: international@macewan.ca

PROGRAM CURRENTLY ENROLED IN (OR RELATED TO THIS REQUEST)

MIDDLE NAME:

INTERNATIONAL GENERAL REQUEST FORM

Requests will be processed within 5 business days.

PLEASE FILL IN ALL INFORMATION IN FULL (PLEASE PRINT)

FIRST NAME:

TH DATE: MM DD YY	HOME PH.:	CELL:		
ROCESSING INSTRUCTIONS (CHOOSE ONLY ONE	"PROCESS" OPTION PER FORM)		
STUDY PERMIT EXTENSION LETTER				
POST-GRADUATION WORK PERMIT LETTER		TOTAL	NUMBER OF LETTER	
CO-OP WORK PERMIT LETTER	P WORK PERMIT LETTER		REQUESTED:	
OTHER (Detail below)				
RANSCRIPT & VERIFICATION OF ENROLME	NT REQUEST			
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PERSONAL INFORMATION COLLECTION NOTICE

DATE SENT: