



## John Molson School of Business Application Form U/G Visiting International Fee-Paying Student (VIFP)

### SECTION 1: Identification

Date Submitted: | | | | | | | |

*JUNE 1<sup>st</sup> deadline for Fall Semester Start/OCTOBER 15<sup>th</sup> deadline for Winter Semester Start*

Day Month Year

D M Y

Your Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Father's Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Mother's Surname and (Maiden Name) \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Male  Female **Citizenship:** \_\_\_\_\_

Date of Birth: | | | | | | | |

Place of Birth: \_\_\_\_\_

Day Month Year  
Province/State

City  
County

**Current Mailing Address:**

(Province / State )

(Postal / Zip Code)

(Country)

Home Phone No.:( ) \_\_\_\_\_

E-mail:

Cellular No.: ( ) \_\_\_\_\_

E-mail:

Work No.: ( ) \_\_\_\_\_

**Permanent Mailing Address (where you can be reached at anytime):**

(Province / State)

(Postal / Zip Code)

(Country)

Telephone: ( ) \_\_\_\_\_

E-mail(s):

## SECTION 2: Academic Programs

### Home Institution Information:

Name:

Mailing Address:

Website:

Advisor's Name:

Title:

Email:

Telephone:

Fax:

Area of Studies at Home Institution (*Major/Minor*):

Anticipated Date of Program Completion:

□□ □□ □□

Day    Month    Year

**Proposed Course of Study as VIFP Participant:**

Level of Studies:      Undergraduate                                      Master's

Period of Study:      Academic Year      Fall session      Winter (Spring) session

**Area(s) of Proposed Study:**

**Proposed Courses for Study :**

(List in priority order by course number & name, at least 8 possible courses for each given semester)

**Fall (Sept-Dec)**

**Winter (Jan-May)**

1) \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

8) \_\_\_\_\_

I require 5 courses/15 credits per semester -OR-  I require 4 courses/12 credits per semester

**Please Note: 12 credits/4 courses is considered FULL TIME (Maximum 15 credits/5 courses per semester)**


## SECTION 3: Payment Information

### Billing Information:


Bill Applicant/Student Account Directly

Bill Home Institution Directly

**Please Note:** All VIFP participants are required to pay for the following costs personally, and cannot be billed institutionally:

 Cost of Student ID Card

 Health Insurance Charges, when applicable

 Cost of ordering an *Official Transcript* to be sent to Home Institution at end of studies

### Institutional Billing Information:

**Institutional Name:**

**NAME Person Responsible for Bill Payment Process:**

**TITLE:**

**Email:**

**Telephone:**

**Fax:**

**Billing Address:**

**Signature of Responsible:** \_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_  
Day Month Year

## SECTION 4: Transcript Release

**To be completed by & signed by the Applicant:**

I, \_\_\_\_\_ hereby give permission to Jenessa Speed my JMBSB Student Exchange Advisor, to request, on my behalf, that upon completion of my VIFP studies that a copy of my Official Transcript from Concordia University is sent directly to my home institution.

\_\_\_\_\_

(Signature)

|\_|\_| |\_|\_| |\_|\_|  
Day Month Year