



**APPLICATION TO CHANGE CONDITIONS,
EXTEND MY STAY OR REMAIN IN CANADA AS A STUDENT**

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

If you are submitting an online application, you do not need to print and sign the form.

Please validate after filling in all the information and save.

1 UCI This is an 8 to 10 digit number printed on your study permit document (top right corner)	2 * I want service in Select English or French	OFFICE USE ONLY Validated
3 I am applying for one or more of the following: ☒ * Apply for a study permit for the first time or extend my study permit ☐ * Restore my status as a student ☐ * Get a new temporary resident permit (for inadmissible applicants only)		

PERSONAL DETAILS

1 Full name * Family name (as shown on your passport or travel document) As per passport - Family name is the last name. If you do not have a family name, enter all your given name(s) in the family name and leave the given name(s) field blank Given name(s) (as shown on your passport or travel document) As per passport - Given name is the first name																
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? ☐ * No ☐ * Yes Select the appropriate response b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name Given name(s)																
3 * Sex Select the appropriate response	4 Date of birth As per your passport * YYYY * MM * DD															
5 Place of birth * City/Town As per your passport * Country or Territory As per your passport																
6 * Citizenship List your country of citizenship as per your passport																
7 Current country or territory of residence: <table border="1"><thead><tr><th>Country or Territory</th><th>Status</th><th>Other</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>Canada</td><td>Student</td><td>Provide the dates from your study permit (s) to indicate how long you have had this status</td><td>YYYY-MM-DD</td><td>YYYY-MM-DD</td></tr></tbody></table>		Country or Territory	Status	Other	From	To	Canada	Student	Provide the dates from your study permit (s) to indicate how long you have had this status	YYYY-MM-DD	YYYY-MM-DD					
Country or Territory	Status	Other	From	To												
Canada	Student	Provide the dates from your study permit (s) to indicate how long you have had this status	YYYY-MM-DD	YYYY-MM-DD												
8 a) Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? ☐ * No ☐ * Yes Select the appropriate response b) If you answered "yes" to question 8a), please provide details <table border="1"><thead><tr><th>Country or Territory</th><th>Status</th><th>Other</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td></td><td></td><td>YYYY-MM-DD</td><td>YYYY-MM-DD</td></tr><tr><td></td><td></td><td></td><td>YYYY-MM-DD</td><td>YYYY-MM-DD</td></tr></tbody></table>		Country or Territory	Status	Other	From	To				YYYY-MM-DD	YYYY-MM-DD				YYYY-MM-DD	YYYY-MM-DD
Country or Territory	Status	Other	From	To												
			YYYY-MM-DD	YYYY-MM-DD												
			YYYY-MM-DD	YYYY-MM-DD												
9 a) * a) Your current marital status Select the appropriate response b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship Date YYYY-MM-DD																
c) Provide the name of your current Spouse/Common-law partner Family name Given name(s)																
d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident? ☐ No ☐ Yes																

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

10 a) Have you previously been married or in a common-law relationship? ☐ * No ☐ * Yes Select the appropriate response				
b) Provide the following details for your previous Spouse/Common-law partner: Answer as per your situation				
Family name	Given name(s)			
c) Type of relationship	d) From YYYY-MM-DD	To YYYY-MM-DD	e) Date of Birth YYYY MM DD	

LANGUAGE(S)

1 * a) Native language/Mother Tongue Answer as per your situation	* b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☐ * No ☐ * Yes Select the appropriate response		

PASSPORT

1 * Passport number Provide mos current valid passport details	2 * Country or territory of issue If it expires soon, have it renewed (the study permit cannot be issued past the passport expiry date)	3 * Issue date YYYY-MM-DD	4 * Expiry date YYYY-MM-DD
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? ☐ *No ☐ *Yes			
6 * For this trip, will you use a National Israeli passport? ☐ *No ☐ *Yes			

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? ☐ * No ☐ * Yes Provide the ID number other than the passport if you have one				
2 Document number	3 Country or territory of issue	4 Issue date YYYY-MM-DD	5 Expiry date YYYY-MM-DD	

US PR CARD

1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? ☐ * No ☐ * Yes Select the appropriate response		
2 Document number	3 Expiry date YYYY-MM-DD	

CONTACT INFORMATION

If submitting your application by mail: - All correspondence will go to this address unless you indicate your e-mail address below. - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify. - If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.					
1 Current mailing address Complete with your full correct address					
P.O. box If you have a post office box	Apt/Unit If you live in an apartment/townhouse	Street no. # on your building	* Street name		
* City/Town	* Country or Territory Canada	* Province	* Postal code		
2 Residential address Same as mailing address? ☐ * No ☐ * Yes Select as per your situation					
Apt/Unit	Street no.	Street name			
City/Town	Country or Territory Canada	Province	Postal code		
3 Telephone no. ☐ Canada/US ☐ Other Select as per your situation			4 Alternate Telephone no. ☐ Canada/US ☐ Other		
Type	Country Code	No.	Ext.	Type	Country Code
5 Fax no. ☐ Canada/US ☐ Other Country Code No. Ext.				6 E-mail address enter your email address that is associated with your IRCC account	

Applicant Name	Date of Birth
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COMING INTO CANADA

1	Date and place of your original entry to Canada	* Date Date when you first came to Canada YYYY-MM-DD	* Place Port of Entry (the city where you first entered Canada)
2	* a) The original purpose for coming to Canada Please select appropriately		b) Other
3	Date and place of your most recent entry to Canada (if not the same as original entry)	Date YYYY-MM-DD	Place Port of Entry (the city where you entered Canada)
4	If applicable, provide the document number of the most recent Visitor Record, Study Permit, Work Permit or Temporary Resident Permit issued to you.		Document Number This is listed on the top right corner of your study permit document - the number usually starts with F

DETAILS OF INTENDED STUDY IN CANADA

1 I have been accepted at the following educational institution					
* a) Name of School Red River College Polytechnic			* My level of study will be: Based on your case		My field of study will be: Based on your case, choose the one close to or same as your program of choice
b) Complete address of school in Canada					
* Province MB		* City/Town Winnipeg		* Address D105 - 2055 Notre Dame Avenue	
2	Designated Learning Institution # (O#)		3	Duration of expected study	* From YYYY-MM-DD
	O19305836302			Refer to your Letter of Acceptance	* To YYYY-MM-DD
4	The cost of my studies will be:		5	* a) Funds available for my stay(CAD) Based on your case	
	* Tuition	Room and board		* b) My expenses in Canada will be paid by: Based on your case	
	Estimates	Other		c) Other	
6	a) In addition to a study permit, are you also applying for a work permit? ☐ * No ☐ * Yes			b) What type of work permit are you applying for: If there is a co-op in your study, please select "co-op work permit"	
7	If you have been issued a Quebec Acceptance Certificate (CAQ), provide the:			8 If you have been issued a Provincial Attestation Letter (PAL)/Territorial Attestation Letter (TAL), provide the:	
	Certificate Number		Expiry Date (YYYY-MM-DD)		Document Number Based on your PAL
	Blank		Blank		Expiry Date (YYYY-MM-DD) Based on your PAL

If you are under the age of majority of the province/territory where you intend to study, you must fill out the *Custodian Declaration* [IMM5646] form.

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? ☐ * No ☐ * Yes If your highest education is high school, please select "No"			
If you answered "yes", give full details of your highest level of post secondary education.			
1	From YYYY MM To YYYY MM	Field and level of study Please enter your highest level of post-secondary education	School/Facility name
		City/Town	Country or Territory Province/State

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)			
1	From Program start date *YYYY *MM To Program end date YYYY MM	* Current Activity/Occupation International Student - Current Program Name	* Company/Employer/Facility name Red River College Polytechnic
		* City/Town Winnipeg	*Country or Territory Canada
		Province/State MB	
2	From YYYY MM To YYYY MM	Previous Activity/Occupation Other past employment details as applicable as in your case	Company/Employer/Facility name
		City/Town	Country or Territory Province/State

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EMPLOYMENT (CONTINUED)

3	From	Previous Activity/Occupation	Company/Employer/Facility name	
	YYYY MM			
	To	City/Town	Country or Territory	Province/State
	YYYY MM			

Following information is very important - read the questions and select yes or no appropriately. Wrong info could lead to refusal and potential ban.

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? ☐ No ☐ Yes b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? ☐ No ☐ Yes c) If you answered "yes" to question 1a) or 1b), please provide details.
2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? ☐ No ☐ Yes b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? ☐ No ☐ Yes c) Have you previously applied to enter or remain in Canada? ☐ No ☐ Yes d) If you answered "yes" to question 2a), 2b) or 2c), please provide details. b) Provide all details of previous refusal. Sample: My study permit application to Canada was refused in 20XX. c) Provide details of any previous application to Canada. Sample: I applied for my study permit in 20XX, it was approved.
3	a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory? ☐ No ☐ Yes b) If you answered "yes" to question 3a), please provide details.
4	a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? ☐ No ☐ Yes b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served.

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BACKGROUND INFORMATION (CONTINUED)

5	Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?	☐ No	☐ Yes
6	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?	☐ No	☐ Yes

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? ☐ No ☐ Yes

Usually "Yes"

I understand that CIC is collecting this personal information to assess whether I should be granted a study permit and will use this information to verify my eligibility for a study permit as well as my compliance with the conditions of my study permit. CIC may disclose my personal information to CBSA to enforce the requirements of the Immigration and Refugee Protection Act.

I also understand that CIC may disclose my personal information to my designated learning institution to inquire whether I am in compliance with the conditions of my study permit. I consent to the disclosure of my personal information by my designated learning institution to CIC for the purpose of determining whether I am in compliance with these conditions. Failure to provide such consent will result in a refusal to grant a study permit.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Type your name

Date: YYYY-MM-DD

Select date**IMPORTANT NOTE:**

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

PRIVACY NOTICE

Personal information provided on this form is collected and will be used, disclosed, and retained by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility. The personal information provided may be disclosed to Designated Learning Institutions for the purpose of validating Letters of Acceptance and or determining compliance with study permit conditions.

The personal information collected on an application, and other information collected in support of an application, may be used for advanced analytics, automation, and other technologies to support processing of applications and decision making, including your application. Personal information, including from advanced analytics, automation, and other technologies, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate, or prosecute an offence under any law of Canada or a Province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's personal information bank - IRCC PPU 051.

**Please validate the form before submitting
(If you made changes after validation, please validate again)**