

### APPENDIX II

Please send this form, completed and signed, to the organization in your country that is responsible for managing exemptions. Please note that forms submitted directly by students to the Ministère de l'Enseignement supérieur du Québec will not be processed.

The information below is required under the cooperation agreement in the area of higher education between the Québec government and the partner government.

#### Section 1 – Identification

Last name:	First name:
Date of birth (year-month-day):	Nationality:
Permanent code assigned by the Ministère de l'Éducation or registration number:	

#### Section 2 – Education program in Québec for which the exemption is requested

Name of the educational institution:
Full name of the program of study:
Number of credits required in your program:
Program level:
Do you need to complete preparatory courses before joining the program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of start of program (year-month-day):

Please enclose a **copy of your confirmation of admission** to a program in an institution of higher education in Québec or an attestation to your registration in that program for the semester preceding your application for exemption.

Under sections 64 and 65 of the *Act respecting access to documents held by public bodies and the Protection of personal information* (CQLR, c. A-2.1), the categories of persons who will have access to the information are those responsible for the program at the Ministère de l'Enseignement supérieur (MES). All information required by the MES is mandatory, and any omission will result in the rejection of your application. This information will be transmitted to the educational institution you will be attending for the duration of your studies in Québec. The Act grants you the right to access the personal information that the MES holds about you and, if necessary, the right to have it corrected. At the end of your studies, this information will be disposed within the time limit specified in the Archives Act (CQLR, c. A-21.1).

#### Section 3 – Declaration and signature

I declare that the information provided on this form is accurate and complete.

Signature	Date (year-month-day)
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