

General Information

This declaration must be completed in block letters or electronically and signed by the candidate.

We accept the following types of signatures for your application:

- Original handwritten signature;
- Photocopied handwritten signature;
- Handwritten signature applied using a technological device such as a stylus, touch screen or mouse;
- Digitized handwritten signature (for example, by applying a handwritten signature to a paper document and digitizing the signed document).

Other types of signatures (digital or typed) **are not accepted**.

1. Information about the applicant

File number

Last name(s) at birth

First name(s)

Last name(s) after marriage (if applicable)

Other name(s) you use or are known by (if applicable)

2. Declaration and undertakings (mandatory)

I declare that the information contained in this temporary selection application for studies and appended documents is complete and accurate.

I acknowledge that I have read the Protection of personal information section of this document.

I understand that the Ministère de l'Immigration, de la Francisation et de l'Intégration may:

- Confirm, or have a third party confirm, the accuracy of information provided, and that I am breaking the law and am liable to a penalty if I give the Ministère, an inquiry officer or reviewer any information that I know or should know is false or misleading with respect to an application for temporary selection;
- Reject any application that contains false or misleading information or documents;
- Refuse to examine an application for a certificate from a person who has provided false or misleading information or documents within the past five years relative to an application under the Québec Immigration Act;
- Cancel a CAQ if the application contains false or misleading information or documents, if the certificate was issued by mistake, or if the conditions required for its issuance cease to exist.

I undertake to receive education in the level indicated in this application.

I undertake to make my studies my principal activity (full-time studies)¹.

I also undertake to maintain medical and hospitalization insurance² throughout my study stay in Québec for myself and each of my family members who are accompanying me, if any.

In witness whereof, I have signed at on the
City Country Date (year/month/day)

Signature of applicant

Signature of the father, mother or legal guardian
(If the applicant is 17 years old or younger)

1. Temporary workers and their family members, asylum seekers and their family members as well as family members of foreign students are exempt from this condition.

2. The student and his family who benefit from medical and hospitalization insurance in Québec under a social security agreement are considered to comply with this undertaking.

3. Protection of personal information

The personal information appearing on this form, and in any documents that must be appended to it, is required for processing your application for a selection certificate and the application of the Act respecting immigration to Québec, the Regulation respecting the selection of foreign nationals, the Regulation respecting the immigration consultants and their administrative regulations. This information may also be used by the Minister for the purposes of studies, statistics, program evaluation or to convey to you any information that might affect your application.

Your personal information will be treated confidentially and will be consulted solely by persons who are qualified to receive personal information where such information is necessary for the discharge of their duties. However, some information may be communicated or obtained without your consent, in accordance with the exception stipulated in the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information or originating from agreements concluded between organizations in accordance with this Act.

With the exception of optional sections, any refusal to answer a question or any omission may result in the rejection of your application or may delay its processing.

You may be informed about the information concerning you in the Ministère's possession, to receive it or to request its rectification, by addressing the person responsible for the access to documents and protection of personal information.

For the procedure for accessing your personal information, please consult the Ministère's website at the following address: <http://www.mifi.gouv.qc.ca/fr/ministere/acces-protection-info/index.html>.

4. Authorizations (optional)

If you wish to allow certain individuals or organizations to access this information, you must authorize the Ministère to release it to them. The same applies for a person who you wish to authorize to represent you in this process. Therefore, the following sections are used to determine the information that can be released, and to indicate the individuals or organizations that are authorized to receive it.

These authorizations are optional. Failure to complete them will not affect the processing of your application for temporary selection for studies. If you decide to not authorize the release of information, your information will not be shared with people or organizations who request to access it. If you choose not to use these authorizations, please cross out this page.

Authorization to release information to the educational institution

I hereby authorize the Ministère de l'Immigration, de la Francisation et de l'Intégration to transmit to the educational institution where I will be pursuing my studies the information relating to my Québec certificate of acceptance (CAQ) for studies. This information includes the last name, first name, date of birth, CAQ number, validity period and program or level of study.

In witness whereof, I have signed at _____ | _____ | on the _____
City Country Date (year/month/day)

Signature

Authorization to release information to a third party

I authorize the Ministère de l'Immigration, de la Francisation et de l'Intégration to release any information related to the processing of my application for temporary selection for studies to the following individual:

Family name(s) First name(s) Telephone number

Address : _____ | _____ | _____
Number Street Apartment

City Province Postal Code Country

This authorization is valid during the processing of my application for temporary selection for studies unless it is revoked in writing.

This authorization does not confer the power to represent me to the person authorized to receive the information. This person may have access to the personal information that is contained in my file, and the Ministère may, at his request, give him a copy of my CAQ for studies.

In witness whereof, I have signed at _____ | _____ | on the _____
City Country Date (year/month/day)

Signature