



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

SECTION 1: Identification

Date Submitted: | | | | | | | |

JUNE 1st deadline for Fall Semester Start/OCTOBER 15th 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: ☐ 2018-201 Academic Year ☐ Fall 2018 session ☐ Winter (Spring) 2019 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 2018 (Sept-Dec)

Winter 2019 (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 grant permission to Amanda Holt, Coordinator International
(your full legal name)

Student Affairs JMSB U/G, 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