

STUDENT INFORMATION

U of R ID: Date of Birth:

Full Name:

Is this your legal name as it appears on your passport? Yes No

If you selected no, please write your legal name in the box provided:

Alternate Name(s) or Alias(es):

Country of Citizenship:

Address in Canada:

<input type="text"/> Apt/Suite No.	<input type="text"/> Street No.	<input type="text"/> Street Name
<input type="text"/> City	<input type="text"/> Province	<input type="text"/> Postal Code

Email Address:

Home Phone: Cell Phone:

Level of Study: ESL UG GR Faculty:

EMERGENCY CONTACT INFORMATION

Full Name:

Home Phone: Cell Phone:

What is this person's relationship to you?

Does this person reside in Canada? Yes No

Address in Canada:
(if applicable)

<input type="text"/> Apt/Suite No.	<input type="text"/> Street No.	<input type="text"/> Street Name
<input type="text"/> City	<input type="text"/> Province	<input type="text"/> Postal Code

Can UR International contact this person in the event of an emergency? Yes No

UR INTERNATIONAL STUDENT SERVICES STAFF ONLY

Student has a valid study permit? Yes No Student has a valid passport? Yes No Student has submitted documents? Yes No