



**VANCOUVER ISLAND
UNIVERSITY**

International Application for Admission VANCOUVER ISLAND UNIVERSITY (VIU)

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Marienstrasse 19/20, D-10117 Berlin
Tel. +49 (0)30-20458687
www.ieconline.de

- You must enclose:
1. A \$150 (Cdn) non-refundable Application Processing Fee.
 2. A passport-size photograph.
 3. For English Language Certificate program: High school graduation transcript.
 4. For Academic programs: An official copy of your educational documents in your own language, and a copy translated into English, if applicable. Proof of English language requirements: successful completion of VIU's English Language Certificate, or min. TOEFL 80 iBT no section less than 19, TOEFL PBT 550, IELTS 6.0 no band less than 5.5, CAEL 60, Cambridge Certificate of Proficiency in English (min. "B"), Cambridge Certificate of Advanced English (min. "B"). TOEFL institutional code is 9581.
 5. For MBA programs: See number 4, above; in addition, include 2 letters of reference, letter of introduction, and a résumé.

Personal Data	Family Name		First Name		Middle Name(s)	
	Telephone Number	Fax Number	Date of Birth		Place of Birth	Male <input type="checkbox"/>
	(+49 (0)30- 20458687		(+49 (0)30-20458688 Yr. Mo. Day			Female <input type="checkbox"/>
	Mailing Address c/o IEC Online GmbH; Marienstrasse 19-20; 10117 Berlin; Germany					
	Citizenship		E-mail Address (representative) info@ieconline.de		E-mail Address (student)	
Program Choice	First Language		Citizenship Status will be: <input type="checkbox"/> Study Permit <input type="checkbox"/> Other, specify			
	Passport/Travel Document No.		Country of Issue		Representative Organization	
	I want to study in VIU's English Language Certificate Program.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	I want to start my studies: _____ month _____ year	
I want to study in a University Program at VIU.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Program name: _____		
Educational Background	Name of last school/college/university attended _____					
	From _____ year to _____ year		Transcript attached, if applicable <input type="checkbox"/>			
	Grade/Form/Level completed or Degree/Diploma earned _____					
	Address of last school/college/university attended _____ _____ City Country					
Previous Year's History		Please indicate your main activity during the past year.			Please indicate where you were located.	
<input type="checkbox"/> Attending Secondary School		<input type="checkbox"/> Attending College	<input type="checkbox"/> Working	<input type="checkbox"/> in British Columbia		<input type="checkbox"/> in another country
<input type="checkbox"/> Other Educational Institution		<input type="checkbox"/> Attending University	<input type="checkbox"/> Other	<input type="checkbox"/> in another province		
Payment & Declaration	Type of Payment		Please read the following before signing:			
	<input type="checkbox"/> Certified Cheque or Money Order – Reference # _____		1. I understand that acceptance of this application in no way guarantees admission to a program or course.			
	<input type="checkbox"/> Bank Transfer – Reference # _____		2. I understand that my admission is subject to availability of a place for me in the program for which I have applied.			
	<input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		3. I agree to abide by the rules and regulations of Vancouver Island University and of the department and program in which I shall be registered, and any changes which may be made while I am a student at VIU.			
	<input type="checkbox"/> I authorize to charge \$150 (Cdn) to my credit card.		4. I certify that all statements on this application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status.			
Credit Card Number: _____		I hereby authorize Vancouver Island University to release transcripts of my record to:				
Expiry Date: _____ Month Year		<input type="checkbox"/> Parents <input type="checkbox"/> Sponsoring Agency <input type="checkbox"/> Other Educational Institution				
Cardholder's Name: _____		Date: _____				
Cardholder's Signature: _____		Signature of Applicant: _____ I declare that the statements in this application are complete and correct.				