



BEFORE COMPLETING THIS APPLICATION FORM, PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

1. This application form must be completed in English and all supporting documents must be supplied in English.
2. Please check boxes where appropriate.
3. The signatures on page 5 must be the original signature of the appropriate person.

PLEASE CHECK THAT THE FOLLOWING TASKS ARE COMPLETE PRIOR TO SUBMISSION:

- Completed the forms in full and checked for accuracy.
- Parent/guardian has signed the agreement section on page 5.
- Enclosed full transcripts of all your relevant qualifications, translated into English (see details opposite).
- Enclosed a copy of your bank statement (in original language and English) indicating adequate funds to support at least one full year of academic study as well as personal expenses.
- Enclosed a copy of your TOEFL/IELTS certificate, or a copy of the Study Group English test for Academic Programs.
- Enclosed a photocopy of your passport identification page.
- Enclosed a photocopy of your current Study Permit, if applicable.
- Enclosed supporting information (See details opposite).
- Section 1 - completed and submitted.
- Section 2 - Accommodation Application.
- Section 3 - Terms and Conditions, read by all parties.

Return this application form and supporting documents to your local representative or directly to:

Royal Roads University, International Study Centre
2005 Sooke Road, Victoria, British Columbia, V9B 5Y2, Canada
T: +1 250 391 2600 ext. 4701 F: +1 250 410-0331
E: iscadmissions@royalroads.ca

Transcript of grades

1. Undergraduate applicants must submit official copies of their transcripts showing the final three years of secondary education.
 - A school's seal or principal's signature must appear on the copy.
 - If necessary, the transcript must be translated into English. If translation is required, the translation must be authenticated as a true copy by a notary public or similar official.
 - Originals will be required upon registration at the university.
2. Postgraduate applicants submit official attested copy of entire undergraduate transcript (in original language and English).
3. Transfer applicants send an official undergraduate transcript.
 - If transferring after one year of university, submit secondary school transcript in addition to first year university transcript.
 - If transferring after second or third year, submit university transcript only.
 - If student is seeking transfer credits, catalogue course descriptions are required and must accompany the application.

Supporting information

Requirements vary by program. Confirm supporting information at www.studygroup.com/isc/royalroads/application-documents.aspx

Master's programs require the following documents in support of application:

- 2-3 page Statement of Intent
- Detailed resume
- Two letters of reference, preferably one academic and one professional, including details of academic ability, achievement, motivation and work habits.

All applicants may submit certificates, diplomas, testimonials, and background information (work experience, sporting achievements, membership of clubs, etc.) that will strengthen their admission status.

Accommodation

Homestay accommodation is mandatory for students aged 18 years and under and custodianship and monthly monitoring will apply. Private accommodation options are only available to students aged 19 years and over. All efforts will be made to match students with suitable accommodation. Please discuss any issues in advance with us, iscadmissions@royalroads.ca

- SECTION 1 (CONTINUED) -

STUDENT'S FAMILY NAME(S)	STUDENT'S GIVEN NAME(S)
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BEFORE FILLING IN THE APPLICATION FORM, PLEASE READ THE INSTRUCTIONS ON PAGE 1 CAREFULLY.

PROGRAM APPLICATION

WHICH UNDERGRADUATE DEGREE DO YOU INTEND TO STUDY?	
DO YOU REQUIRE ENGLISH LANGUAGE INSTRUCTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE CHECK THIS BOX IF YOU'VE ATTACHED THE STUDY GROUP ENGLISH TEST
WHICH GRADUATE DEGREE TO YOU INTEND TO STUDY?	<input type="checkbox"/> MASTER OF ARTS IN TOURISM MANAGEMENT <input type="checkbox"/> MASTER OF GLOBAL MANAGEMENT
ARE YOU FIRST APPLYING FOR THE PRE-MASTER'S PROGRAM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CURRENTLY HOLD A VALID VISA TO STUDY IN CANADA?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE CHECK THIS BOX IF YOU'VE ATTACHED YOUR STUDY PERMIT
WHEN WOULD YOU LIKE TO START?	<input type="checkbox"/> JANUARY <input type="checkbox"/> MAY <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y E A R
FOR DIRECT PLACEMENT WHICH DEGREE ARE YOU APPLYING FOR?	

STUDENT DETAILS (NOT AGENT DETAILS)

FAMILY NAME(S)	STUDENT EMAIL ADDRESS (REQUIRED)
GIVEN NAME(S)	HOME ADDRESS
TITLE <input type="text" value="MR / MRS / MISS / MS / OTHER"/>	
DATE OF BIRTH <input type="text" value="DD / MM / YEAR"/> AGE <input type="text"/>	CITY
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE/PROVINCE <input type="text"/> ZIP/POSTAL CODE <input type="text"/>
NATIONALITY	COUNTRY
FIRST LANGUAGE	HOME TELEPHONE NUMBER <input type="text"/>
PRIMARY LANGUAGE OF INSTRUCTION TO DATE <input type="text"/>	MOBILE/CELL PHONE NUMBER <input type="text"/>
COUNTRY OF BIRTH	<input type="checkbox"/> PLEASE CHECK THIS BOX IF YOU WOULD LIKE TO RECEIVE SPECIAL OFFERS AND NEWS FROM STUDY GROUP. YOU CAN UNSUBSCRIBE AT ANY TIME, AND YOUR EMAIL ADDRESS REMAINS CONFIDENTIAL.
COUNTRY OF CITIZENSHIP	

FATHER/GUARDIAN DETAILS

FATHER'S/GUARDIAN'S FAMILY NAME(S)	COUNTRY OF BIRTH
FATHER'S/GUARDIAN'S GIVEN NAME(S)	COUNTRY OF CITIZENSHIP
RELATIONSHIP TO STUDENT	HOME ADDRESS
HOME TELEPHONE NUMBER	
MOBILE/CELL PHONE NUMBER	CITY <input type="text"/> STATE/PROVINCE <input type="text"/>
EMAIL ADDRESS	COUNTRY

PLEASE CHECK THIS BOX IF THIS PERSON IS YOUR EMERGENCY CONTACT.

MOTHER/GUARDIAN DETAILS

MOTHER'S/GUARDIAN'S FAMILY NAME(S)	COUNTRY OF BIRTH
MOTHER'S/GUARDIAN'S GIVEN NAME(S)	COUNTRY OF CITIZENSHIP
RELATIONSHIP TO STUDENT	HOME ADDRESS
HOME TELEPHONE NUMBER	
MOBILE/CELL PHONE NUMBER	CITY <input type="text"/> STATE/PROVINCE <input type="text"/>
EMAIL ADDRESS	COUNTRY

PLEASE CHECK THIS BOX IF THIS PERSON IS YOUR EMERGENCY CONTACT.

- SECTION 1 (CONTINUED) -

STUDENT'S FAMILY NAME(S)	STUDENT'S GIVEN NAME(S)
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PASSPORT DETAILS

PASSPORT NUMBER	EXPIRY DATE	M M / Y E A R
NAME AS SHOWN ON PASSPORT	COUNTRY OF ISSUANCE	

PAYMENT DETAILS

BANK NAME	TD CANADA TRUST	ACCOUNT NAME	STUDY GROUP CANADA LIMITED
BANK ADDRESS	301 VICTORIA ST, UNIT 102	ACCOUNT NUMBER	7 8 8 9 - 5 2 3 3 8 7 8
CITY	KAMLOOPS	PROVINCE	BC
POSTAL CODE	V2C 2A3	COUNTRY	CANADA
		ABA ROUTING	0 2 6 0 0 9 5 9 3
		SWIFT CODE	TDOMCATTTOR
		TRANSIT NUMBER	0 2 7 6 0
		INSTITUTION#	0 0 4

INCLUDE STUDENT NAME TO IDENTIFY ALL PAYMENTS. WITHOUT THIS INFORMATION, WE CANNOT GUARANTEE PAYMENTS WILL BE IDENTIFIED.

SPONSOR/FEE PAYER

PLEASE CHECK THIS BOX IF THE SPONSOR/FEE PAYER CONTACT DETAILS ARE THE SAME AS THE PARENT/GUARDIAN DETAILS ON SECTION 1, PAGE 2.
 IF THE SPONSOR/FEE PAYER CONTACT DETAILS ARE NOT THE SAME AS THE PARENT/GUARDIAN DETAILS ABOVE, PLEASE GIVE DETAILS OF THE PERSON/ORGANIZATION RESPONSIBLE FOR PAYMENT OF FEES.

SPONSOR/FEE PAYER ORGANIZATION	ADDRESS
SPONSOR/FEE PAYER FAMILY NAME	
SPONSOR/FEE PAYER GIVEN NAME(S)	CITY
RELATIONSHIP TO STUDENT	STATE/PROVINCE
HOME TELEPHONE NUMBER	ZIP/POSTAL CODE
MOBILE/CELL PHONE NUMBER	COUNTRY
	EMAIL ADDRESS

- SECTION 1 (CONTINUED) -

STUDENT'S FAMILY NAME(S)	STUDENT'S GIVEN NAME(S)
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AGREEMENT

I APPLY TO ENROL THE PERSON NAMED AS A STUDENT OF STUDY GROUP CANADA LIMITED. I AGREE TO PAY ALL FEES INCURRED BY THE STUDENT AS THEY BECOME DUE, AND EITHER GIVE THE REQUIRED NOTICE OF CANCELLATION OR TO PAY THE REQUIRED FEES IN LIEU OF NOTICE. I GIVE PERMISSION FOR THE ADMINISTRATION OF FIRST AID AND APPROPRIATE NON-PRESCRIPTION MEDICATION TO MY CHILD, AND GIVE PERMISSION TO STUDY GROUP CANADA LIMITED AND DESIGNATED UNIVERSITY REPRESENTATIVES TO SEEK MEDICAL, DENTAL OR OPTICAL TREATMENT WHEN REQUIRED. I AM THE PARENT OR LEGAL GUARDIAN NAMED.

WE, AS PARENTS/GUARDIANS OF THE UNDERSIGNED STUDENT, DO HEREBY AUTHORISE STUDY GROUP CANADA LIMITED AND ITS ASSIGNED AGENTS, AND ANY DESIGNATED PROGRAM REPRESENTATIVE, AS AGENTS OF THE UNDERSIGNED PARENTS, TO CONSENT TO ANY X-RAY EXAMINATIONS, ANAESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT, OR HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND IS RENDERED UNDER, THE GENERAL SUPERVISION OF ANY LICENSED PHYSICIAN OR SURGEON, WHETHER SUCH TREATMENT OR DIAGNOSIS IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR SURGEON OR AT A HOSPITAL. IT IS UNDERSTOOD THAT THIS AUTHORISATION IS NOT GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF AFORESAID AGENTS TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSES, TREATMENTS, OR HOSPITAL CARE WHICH THE AFOREMENTIONED PHYSICIAN OR SURGEON, IN THE EXERCISE OF HER/HIS BEST JUDGEMENT, MAY DEEM ADVISABLE.

WE, THE UNDERSIGNED, AGREE THAT THE STUDENT'S IMAGES AND SOUND, DETAILS AND ACHIEVEMENTS MAY BE USED IN ANY MEDIA FOR PROMOTIONAL PURPOSES WITHOUT WRITTEN CONSENT OR NOTIFICATION. THIS INCLUDES PERMISSION TO PASS THEM ON TO THIRD PARTIES (AGENTS, PUBLICATIONS, ETC) AT OUR DISCRETION AS LONG AS THE IMAGES ARE USED TO PUBLICISE STUDY GROUP PROGRAMS.

WE, THE UNDERSIGNED, WAIVE AND RELEASE ALL CLAIMS AGAINST STUDY GROUP CANADA LIMITED AND ITS AGENTS FOR ANY INJURY, LOSS, DAMAGE, ACCIDENT, DELAY OR EXPENSE RESULTING FROM THE APPLICANT'S PARTICIPATION IN THE PROGRAM. WE ALSO RELEASE STUDY GROUP CANADA LIMITED AND ITS AGENTS AND AGREE TO INDEMNIFY THEM WITH REGARD TO ANY FINANCIAL OBLIGATIONS OR LIABILITIES THAT THE APPLICANT MAY PERSONALLY INCUR OR ANY DAMAGE OR INJURY TO THE PERSON OR PROPERTY OF OTHERS THAT THE APPLICANT MAY CAUSE WHILE PARTICIPATING IN THIS PROGRAM. WE UNDERSTAND THAT THE PROGRAM BEGINS WITH THE OUTBOUND FLIGHT TO CANADA AND TERMINATES WHEN THE RETURN FLIGHTS LANDS. WE REALIZE THAT ANY AIRLINE'S LIABILITY FOR LOSS OR DAMAGE TO BAGGAGE OR PROPERTY, OR FOR DEATH OR INJURY, IS LIMITED BY THE TERMS OUTLINED BY THE AIRLINES. WE ALSO UNDERSTAND THAT IT IS OUR RESPONSIBILITY TO OBTAIN A PASSPORT AND ANY REQUIRED VISA. WE UNDERSTAND THAT STUDY GROUP CANADA LIMITED IS NOT RESPONSIBLE FOR ANY LOSS OR INJURY SUFFERED BY THE APPLICANT AT ANY TIME WHILE PARTICIPATING IN THE PROGRAM, INCLUDING BUT NOT LIMITED TO LOSSES OR INJURY SUFFERED DURING PERIODS OF INDEPENDENT TRAVEL OR ABSENCE FROM THE PROGRAM. IF THE APPLICANT BECOMES ILL OR INCAPACITATED, STUDY GROUP CANADA LIMITED OR ITS AGENTS MAY TAKE SUCH ACTION AS IT CONSIDERS NECESSARY, INCLUDING SECURING MEDICAL TREATMENT AND TRANSPORTING THE APPLICANT HOME AT HIS/HER OWN EXPENSE. WE RELEASE STUDY GROUP CANADA LIMITED FROM ALL LIABILITY RELATED TO SUCH ACTIONS. WE UNDERSTAND THAT THE APPLICANT'S PARTICIPATION IN THE PROGRAM MAY BE TERMINATED AT THE DISCRETION OF STUDY GROUP CANADA LIMITED WITHOUT ANY REFUND OF FEES AND THAT THE APPLICANT MAY BE SENT HOME AT HIS/HER OWN EXPENSE IF HE/SHE DOES NOT ADHERE TO NATIONAL, PROVINCIAL AND LOCAL LAWS AND UNIVERSITY RULES. WE AGREE TO ACCEPT FULL RESPONSIBILITY FOR PERSONAL EXPENSES, BOOKS, ANY REQUIRED ADDITIONAL LANGUAGE TRAINING AND ROUND TRIP AIR FARE. IN THE EVENT THAT STUDY GROUP CANADA LIMITED OR ITS AGENTS ADVANCES OR LOANS ANY FUNDS TO THE APPLICANT OR INCURS SPECIAL EXPENSES ON HIS/HER BEHALF, WE AGREE TO MAKE IMMEDIATE REPAYMENT TO STUDY GROUP CANADA LIMITED. WE UNDERSTAND THAT THIS AGREEMENT CANNOT BE MODIFIED EXCEPT IN WRITING SIGNED BY STUDY GROUP CANADA LIMITED.

DECLARATION

- I HAVE APPLIED FOR A PROGRAM OF STUDY IN CANADA. I CONFIRM THE FOLLOWING:
- 1) I UNDERSTAND THE RELATIONSHIP BETWEEN STUDY GROUP AND THE AGENCY THAT HAS SUBMITTED THIS APPLICATION. I HAVE GIVEN THIS AGENCY PERMISSION TO REPRESENT ME IN ALL MATTERS RELATED TO MY APPLICATION AND ENROLMENT INTO THE UNIVERSITY TO WHICH I HAVE APPLIED.
 - 2) I UNDERSTAND THAT UPON SUBMITTING THE COMPLETE APPLICATION AND SUPPORTING MATERIALS, I MAY BE REQUIRED TO PAY A NON-REFUNDABLE APPLICATION FEE IF APPLICABLE.
 - 3) PRIOR TO THE RELEASE OF THE STUDY PERMIT APPLICATION LETTER, I UNDERSTAND THAT I MAY BE REQUIRED TO PAY A CONFIRMATION DEPOSIT. I UNDERSTAND THAT THIS DEPOSIT IS REQUIRED IN ORDER TO SECURE A PLACE AT THE UNIVERSITY, AND IS FULLY REFUNDABLE ONLY IN THE CASE OF A VISA DENIAL. I FURTHER UNDERSTAND THAT BY PAYING THE DEPOSIT, I AM ACKNOWLEDGING AND AGREEING TO ALL TERMS AND CONDITIONS NOT ONLY OF STUDY GROUP BUT OF THE UNIVERSITY.
 - 4) ONCE THE VISA HAS BEEN SUCCESSFULLY OBTAINED, I UNDERSTAND THAT I AM REQUIRED TO PAY THE FULL TUITION, ROOM, BOARD AND FEES, PER THE STUDY GROUP INVOICE, ONE MONTH PRIOR TO ARRIVAL.
 - 5) I UNDERSTAND THAT IF FULL PAYMENT ACCORDING TO THE INVOICE HAS NOT BEEN RECEIVED, I MAY NOT BE ABLE TO ATTEND CLASSES UNTIL PAYMENT ARRANGEMENTS HAVE BEEN CONFIRMED.
 - 6) I UNDERSTAND THAT ONCE I HAVE CONFIRMED MY ACCEPTANCE AND HAVE OBTAINED A STUDY PERMIT, I WILL NOT BE ENTITLED TO A REFUND OF THE APPLICATION FEE, CONFIRMATION DEPOSIT OR PAID TUITION, ROOM, BOARD AND FEES, ETC. ASSOCIATED WITH MY ACADEMIC PROGRAM.
 - 7) I AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF STUDY GROUP CANADA LIMITED.

ROYAL ROADS UNIVERSITY GATHERS AND MAINTAINS INFORMATION USED FOR THE PURPOSES OF ADMISSIONS, REGISTRATION, AND OTHER FUNDAMENTAL ACTIVITIES RELATED TO BEING A MEMBER OF THE UNIVERSITY COMMUNITY, AND TO ENROLLING LEARNERS IN A PUBLIC POST-SECONDARY INSTITUTION IN THE PROVINCE OF BRITISH COLUMBIA PURSUANT TO THE UNIVERSITY ACT, (RSBC 1996), THE ROYAL ROADS UNIVERSITY ACT (RSBC 1996), AND SECTION 26 OF THE FREEDOM AND INFORMATION AND PROTECTION OF PRIVACY ACT (RSBC 1996). DETAILS MAY BE OBTAINED FROM THE OFFICE OF THE REGISTRAR OR MAY BE FOUND AT [HTTP://WWW.ROYALROADS.CA/ABOUT/PERSONAL-INFORMATION-APPLICANTS-AND-STUDENTS](http://www.royalroads.ca/about/personal-information-applicants-and-students)

I HEREBY DECLARE THAT ALL INFORMATION I HAVE SUBMITTED IN THIS APPLICATION FOR ADMISSION IS TRUE AND COMPLETE, THAT ALL PERSONAL DOCUMENTS SUBMITTED HAVE BEEN AUTHORED BY ME, AND THAT NO INFORMATION HAS BEEN WITHHELD TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION OF INFORMATION, INCLUDING SUBMISSION OF FALSE STATEMENTS AND/OR DOCUMENTS, OR FAILURE TO DISCLOSE ATTENDANCE AT ANOTHER POST-SECONDARY INSTITUTION AT THE TIME OF SUBMISSION OR ANYTIME THEREAFTER, MAY RESULT IN THE IMMEDIATE AND PERMANENT CANCELLATION OF MY ADMISSION OR REGISTRATION TO ROYAL ROADS UNIVERSITY WITHOUT REIMBURSEMENT.

I UNDERSTAND THAT COMPLETION OF THIS AUTHORIZED APPLICATION PERMITS ROYAL ROADS UNIVERSITY TO REQUEST AND/OR CONFIRM ANY INFORMATION NECESSARY TO SUPPORT MY APPLICATION FOR ADMISSION.

I UNDERSTAND THAT INFORMATION ON FALSIFICATIONS MAY BE SHARED WITH THE ASSOCIATION OF REGISTRARS OF UNIVERSITIES AND COLLEGES OF CANADA.

I DECLARE THAT I FULLY UNDERSTAND THE ABOVE.

SIGNATURE OF STUDENT	DATE	D D / M M / Y E A R
PRINT NAME		
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE	D D / M M / Y E A R
PRINT NAME		

IF YOUR FINANCIAL SPONSOR IS DIFFERENT TO YOUR PARENT/LEGAL GUARDIAN PLEASE HAVE THEM SIGN AND PRINT BELOW.

SIGNATURE OF FINANCIAL SPONSOR	DATE	D D / M M / Y E A R
PRINT NAME		



STUDENT DETAILS (NOT AGENT DETAILS)

FAMILY NAME(S)		STUDENT EMAIL ADDRESS (REQUIRED)	
GIVEN NAME(S)		HOME ADDRESS	
TITLE	MR / MRS / MISS / MS / OTHER		
DATE OF BIRTH	DD / MM / YEAR	AGE	
CITY			
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE/PROVINCE	ZIP/POSTAL CODE
NATIONALITY		COUNTRY	
FIRST LANGUAGE		HOME TELEPHONE NUMBER	
START DATE OF STUDY AT RRU	DD / MM / YEAR	MOBILE/CELL PHONE NUMBER	
COUNTRY OF BIRTH			
COUNTRY OF CITIZENSHIP			

FATHER/GUARDIAN DETAILS

FATHER'S/GUARDIAN'S FAMILY NAME(S)		COUNTRY OF BIRTH	
FATHER'S/GUARDIAN'S GIVEN NAME(S)		COUNTRY OF CITIZENSHIP	
RELATIONSHIP TO STUDENT		HOME ADDRESS	
HOME TELEPHONE NUMBER			
MOBILE/CELL PHONE NUMBER		CITY	STATE/PROVINCE
EMAIL ADDRESS		COUNTRY	

PLEASE CHECK THIS BOX IF THIS PERSON IS YOUR EMERGENCY CONTACT.

MOTHER/GUARDIAN DETAILS

MOTHER'S/GUARDIAN'S FAMILY NAME(S)		COUNTRY OF BIRTH	
MOTHER'S/GUARDIAN'S GIVEN NAME(S)		COUNTRY OF CITIZENSHIP	
RELATIONSHIP TO STUDENT		HOME ADDRESS	
HOME TELEPHONE NUMBER			
MOBILE/CELL PHONE NUMBER		CITY	STATE/PROVINCE
EMAIL ADDRESS		COUNTRY	

PLEASE CHECK THIS BOX IF THIS PERSON IS YOUR EMERGENCY CONTACT.

AIRPORT PICKUP SERVICE

STUDENTS SHOULD ARRIVE 24 TO 48 HOURS PRIOR TO COMMENCEMENT OF THE PROGRAM.

DO YOU REQUIRE AN AIRPORT PICKUP SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF REQUIRED, THIS WILL BE INVOICED AS AN EXTRA CHARGE
ARRIVAL DATE	DD / MM / YEAR	DEPARTURE AIRPORT
ARRIVAL TIME		ARRIVAL AIRPORT
FLIGHT NUMBER		

- SECTION 2 (CONTINUED) -

STUDENT'S FAMILY NAME(S)	STUDENT'S GIVEN NAME(S)
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HOMESTAY ACCOMMODATION

HOMESTAY ACCOMMODATION IS MANDATORY FOR STUDENTS AGED 18 YEARS AND UNDER AND IS ALSO AVAILABLE FOR STUDENTS AGED 19 YEARS AND OVER IF REQUIRED. HOMESTAY IS AVAILABLE ON A FULL BOARD BASIS. ALL EFFORTS WILL BE MADE TO MATCH STUDENTS WITH SUITABLE ACCOMMODATION. PLEASE DISCUSS ANY ISSUES IN ADVANCE WITH ISCADMISSIONS@ROYALROADS.CA

DO YOU REQUIRE HOMESTAY ACCOMMODATION? YES NO

IF NO, AND YOU WILL BE AGED 19 YEARS OR OLDER WHEN YOU ARRIVE AT RRU, GO STRAIGHT TO THE MEDICAL INFORMATION QUESTIONS.

PLEASE INDICATE YOUR PREFERENCES FOR HOMESTAY (CHOICES ARE NOT GUARANTEED):

YOUNG CHILDREN	<input type="checkbox"/> YES	<input type="checkbox"/> OK	<input type="checkbox"/> NO	IF NO, PLEASE TELL US WHY
TEENAGERS	<input type="checkbox"/> YES	<input type="checkbox"/> OK	<input type="checkbox"/> NO	IF NO, PLEASE TELL US WHY
ANOTHER STUDENT	<input type="checkbox"/> YES	<input type="checkbox"/> OK	<input type="checkbox"/> NO	IF NO, PLEASE TELL US WHY
COUPLE WITH NO CHILDREN	<input type="checkbox"/> YES	<input type="checkbox"/> OK	<input type="checkbox"/> NO	IF NO, PLEASE TELL US WHY
DO YOU WANT TO FEEL A PART OF THE HOMESTAY FAMILY?	<input type="checkbox"/> YES	<input type="checkbox"/> OK	<input type="checkbox"/> NO	IF NO, PLEASE TELL US WHY
DO YOU WANT TO FEEL MORE INDEPENDENT?	<input type="checkbox"/> YES	<input type="checkbox"/> OK	<input type="checkbox"/> NO	IF NO, PLEASE TELL US WHY
NO STRONG PREFERENCES	<input type="checkbox"/>			

PLEASE INDICATE YOUR PREFERENCES FOR MEALS:

LIST FOODS YOU DO NOT LIKE TO EAT	
LIST FOODS YOU CANNOT EAT	

PLEASE INDICATE YOUR PREFERENCES FOR AMENITIES:

PRIVATE BATHROOM* YES NO *additional charges apply

PLEASE INDICATE YOUR PREFERENCES FOR PETS:

NO PREFERENCE	<input type="checkbox"/>	DOGS OK	<input type="checkbox"/> YES <input type="checkbox"/> NO	I DON'T LIKE PETS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CATS OK	<input type="checkbox"/> YES <input type="checkbox"/> NO	CATS AND DOGS OK	<input type="checkbox"/> YES <input type="checkbox"/> NO	I AM ALLERGIC TO PETS	<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONALITY

PLEASE CHECK (4) THE WORDS THAT BEST DESCRIBE YOUR NATURE

OUTGOING	<input type="checkbox"/> YES	SERIOUS	<input type="checkbox"/> YES	INDEPENDENT	<input type="checkbox"/> YES	STUDIOUS	<input type="checkbox"/> YES
SHY	<input type="checkbox"/> YES	HARDWORKING	<input type="checkbox"/> YES	QUIET	<input type="checkbox"/> YES		
CHEERFUL	<input type="checkbox"/> YES	OPTIMISTIC	<input type="checkbox"/> YES	NEAT	<input type="checkbox"/> YES		
OTHER:							

PLEASE CHECK (4) THE ACTIVITIES WHICH INTEREST YOU

BASEBALL	<input type="checkbox"/> YES	BASKETBALL	<input type="checkbox"/> YES	BIKING	<input type="checkbox"/> YES	BOARD GAMES	<input type="checkbox"/> YES
COMPUTERS	<input type="checkbox"/> YES	CONCERTS	<input type="checkbox"/> YES	COOKING	<input type="checkbox"/> YES	DANCE	<input type="checkbox"/> YES
FISHING	<input type="checkbox"/> YES	FITNESS	<input type="checkbox"/> YES	GOLF	<input type="checkbox"/> YES	HIKING/WALKING	<input type="checkbox"/> YES
HOCKEY/SKATING	<input type="checkbox"/> YES	HORSEBACK RIDING	<input type="checkbox"/> YES	MARTIAL ARTS	<input type="checkbox"/> YES	PHOTOGRAPHY	<input type="checkbox"/> YES
SOCCER	<input type="checkbox"/> YES	SWIMMING	<input type="checkbox"/> YES	PAINT/DRAW	<input type="checkbox"/> YES	MUSIC: LISTENING	<input type="checkbox"/> YES
READING	<input type="checkbox"/> YES	SKIING/SNOWBOARDING	<input type="checkbox"/> YES	MUSIC: PLAYING	<input type="checkbox"/> YES	YOUR INSTRUMENT	
TENNIS	<input type="checkbox"/> YES	VIDEOGAMES	<input type="checkbox"/> YES				
OTHER:							

MEDICAL INFORMATION

DO YOU HAVE ANY SPECIAL MEDICAL CONDITIONS OR NEEDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN
ARE YOU TAKING ANY MEDICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN
DO YOU HAVE ANY ALLERGIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN
DO YOU SMOKE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	note: if yes, you must agree not to smoke inside your school and your homestay host's home (you may be allowed to smoke outside).
DO YOU AGREE NOT TO SMOKE INSIDE (INCLUDING YOUR BEDROOM)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL YOU ACCEPT PLACEMENT IN A HOME WHERE THERE ARE SMOKERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

These Terms and Conditions apply to international applicants to the Royal Roads University International Study Centre preparation programs for Undergraduate and Graduate degrees and for those seeking direct entry to Undergraduate and Graduate study.

Please review these Terms and Conditions carefully before signing and submitting the application. By signing the application, these Terms and Conditions represent contractual obligations with Study Group Canada Limited ("Study Group").

Rules

All participants in the Programs are subject to the rules of the University.

Applicants are reminded that international students in Canada must comply with all laws in order to retain valid study permits. Should a student's study permit be revoked, they will be subject to dismissal from the program and may be required to return to their home country. In these circumstances, the student may also be subject to legal actions that may be commenced by the authorities.

Study Plan Options

- 1) Undergraduate students must enrol for a minimum of 2 consecutive semesters.
- 2) Undergraduate students requiring English language preparation must enrol for their English program plus a minimum of two consecutive academic semesters.
- 3) Graduate students who do not require English language preparation (as shall be determined by Study Group), must enrol for their complete academic program.
- 4) Graduate students requiring English language preparation must enrol for their English program plus a minimum of one academic semester.

Study Plan Changes

All students' English language and numeracy skills will be tested on arrival at the University. Should it be determined that a student's English language and/or numeracy skills are below the level required for the student's program, the student's study period may be lengthened to allow for improvement to the student's English and/or numeracy skills. The Student shall be responsible for any additional costs.

Progression

A student's progression through the Program is conditional upon attendance and academic requirements being satisfied. Students progress through the program upon successful completion of academic and attendance requirements. Program progression is term by term without breaks unless authorized. For example, a student in a 3 term program starting in fall would progress through the fall, spring and summer terms before full progression into other programs the following fall.

Fees

Applicants may be required to pay a non-refundable Application Fee at the time of filing the application.

In addition to tuition fees, additional cost items may include (but not be restricted to) one or more of the following:

- 1) Personal spending money;
- 2) Insurance;
- 3) Meals and housing;
- 4) University textbooks and other necessary school supplies;
- 5) Travel costs including air fares and transfers; and
- 6) University ancillary fees

Payment Policy

Students are required to pay a deposit when accepting the offer from the university. A letter of acceptance will be issued upon receipt of the deposit. This letter is required when submitting a study permit application.

Payment for the entire program is due in full (unless an optional payment plan has been agreed in writing) on July 1st for programs commencing in the fall semester, November 1st for programs commencing in the spring semester and April 1st for programs commencing in the summer semester.

Any student with an overdue account of thirty (30) days or more shall be immediately terminated from the program.

Payments by credit card received after the due date may be subject to an additional fee of two percent (2%) of the total invoice value.

Payment may be made by VISA, Master Card, Money Order or Wire Transfer. Wire Transfer information is as follows:

BANK NAME	TD CANADA TRUST		
BANK ADDRESS	301 VICTORIA ST, UNIT 102		
CITY	KAMLOOPS	PROVINCE	BC
POSTAL CODE	V2C 2A3	COUNTRY	CANADA
ACCOUNT NAME	STUDY GROUP CANADA LIMITED		
ACCOUNT NUMBER	7 8 8 9 - 5 2 3 3 8 7 8		
ABA ROUTING	0 2 6 0 0 9 5 9 3	SWIFT CODE	TDOMCATTTOR
TRANSIT NUMBER	0 2 7 6 0	INSTITUTION#	0 0 4

Payment Plan

Payment plans are only available for study plans (not including preparatory English) of two semesters or more.

All preliminary semesters of preparatory English must be paid in full. Payments are due on July 1st for the fall semester, November 1st for the spring semester and April 1st for the summer semester.

Cancellation Policy

The student may cancel his or her registration in writing either by giving a minimum of one semester's notice or by paying at least one semester's fees in lieu of notice.

Should written notice of a student's cancellation of his/her registration be received prior to the payment due date (July 1st for the fall semester, November 1st for spring applicants and April 1st for summer applicants), then all fees paid, with the exception of the Application Fee, will be refunded.

Should a student cancel his/her registration with written notice after the payment due date all fees paid will be refunded, less fees for the first full semester of study and the application fees.

Should a student cancel his/her registration with written notice after commencement of the semester then all fees paid will be refunded, less fees for the remainder of the semester and full fees for the following semester and the application fee.

A full refund will be issued if the student's application for a study permit/visa is denied.

A copy of all study permit/visa denial documentation is required before a refund will be issued.

Discretionary refunds may be made if a student is unable to participate in the confirmed study plan due to exceptional personal circumstances. A refund will only be considered following a written appeal.

Refunds may also be issued in instances of withdrawal/variation of degree programs, as indicated below.

Applying for a Visa

The Student must contact the nearest applicable Canadian Embassy or Consulate for a visa application. Documentation and/or requirements may vary from country to country.

To apply for a study permit, students will need to supply Canadian Immigration with 'Proof of Student Status'. This letter will be sent upon acceptance to the Programs.

Further information on Canadian study permits may be viewed online at <http://www.cic.gc.ca/english/study/index.asp>

It is recommended that all Students apply for their study permit as soon as possible, and notify Study Group directly as soon as the visa status has been confirmed.

Insurance

All students are required to be properly insured. Study Care insurance will automatically be added to your booking, unless proof of comparable alternate insurance. (Please attach translated copy in English with your application.)

Damage and Liability

Students are responsible for payment for any damage caused by them to the facilities from which Study Group conducts any part of its program. Occupants of shared accommodation are jointly and severally liable for the proper care of rooms, fixtures and fittings, including costs for damage or exceptional cleaning. This responsibility is in addition to any obligation that the Student may have as a result of any contract for accommodation with a third party.

Withdrawal/Variation of Degree Programs

If a nominated degree program is discontinued prior to a student's completion of the program, the student of that program prior to completion may either: (1) withdraw without liability for any fees for program(s) not yet commenced, or (2) transfer to such other program (if any) as may be offered, for which the Student is qualified.

Once the Student has commenced the first semester of the University program of their choice, if: (a) the University's ability to deliver programs or other services in accordance with the descriptions provided is compromised by circumstances beyond the control of the University (e.g. third party industrial action), the University will use all reasonable endeavours to minimize disruption as far as it is practical to do so (b) the program is cancelled or substantially varied from that described in the prospectus for reasons other than circumstances beyond the institution's reasonable control, the University will use reasonable endeavours to provide a suitable replacement program. If the Student does not wish to accept the replacement program, the Student shall be entitled to withdraw from the program.

Data Protection

Any information provided by the student shall only be used in accordance with privacy legislation law.

Publicity

Students (and their parents or guardians, where applicable) agree that their images, sound and achievements may be used by Study Group and/or the University, for promotional purposes only, without prior written consent or notification. This will include the passing on of images, sound and achievements to appropriate third parties (for example, agents and publications) for the specific purpose of publicizing the Programs.

Communication

In order that communication with the Student may be maintained at all times, the student is required to provide personal e-mail addresses and mobile telephone numbers. Any changes to personal contact information shall be communicated immediately.

Variation

Study Group reserves the right to make any addition, amendment or alteration to these Terms and Conditions upon giving one semester's written notice of such change to the students.

Scope of Agreement

Submission of an application confirms agreement to abide by these stated Terms and Conditions, those stated within the application form and in any other documentation, issued by Study Group, the University or a housing or insurance provider.

These Terms and Conditions supersede any prior and contemporaneous agreements, understandings, negotiations and discussions, whether oral or written, between the parties pertaining to the subject matter hereof. There are no warranties, representations or other agreements between the parties in connection with the subject-matter of this agreement except as specifically set forth herein.