

For Office Use Only:	
Receipt No.: _____	Site: _____
Date: _____	Advisor: _____
Student ID: _____	

INTERNATIONAL STUDENT APPLICATION FORM

It is acceptable to submit a legible photocopy of this form. Be sure to sign and date this form. Return this form to the Office of Admissions and Student Services with the non-refundable \$50.00 application fee. Please submit official transcripts for evaluation to the Office of the Registrar. Neither the application form nor transcript evaluation will be processed without payment of the non-refundable fee.

**British Columbia Applicants Return to:
Office of Admissions**

CityU in Canada – Vancouver site
789 West Pender Street, Suite 310
Vancouver, B.C. V6C 1H2 Canada
VancouverBC@cityu.edu
Fax: 604.689.0440

PART A – STUDENT & PROGRAM INFORMATION

Name: _____
Last (Family) First Middle Maiden/Former if applicable

Present Address:
(P.O. Box not acceptable) _____
Apt. Number Street

City Province/Territory/State Country Postal/Zip Code

Primary Phone: _____ **Secondary Phone:** _____ **Mobile Phone:** _____

Fax: _____

Student Email: _____

Country of Birth: _____ **Date of Birth:** _____ **Gender:** Male Female Other
MM / DD / YYYY

Country of Citizenship: _____ **Country of residence:** _____

Citizenship status in Canada will be: Study Permit Other (please specify): _____

City University of Seattle Student ID#:
(if none, leave blank) _____

Have you completed High School in Canada? Yes No **If no, which country?** _____

Current English Placement Score Available? Yes No
 TOEFL IELTS Other (Please specify): _____

Applicant must meet the English proficiency requirements prior to admission, visit the website <http://www.cityuniversity.ca/english-proficiency-requirements/> for recognized tests and standards. Test results must be within 24 months of the anticipated start date.

Program of study: Master of Counselling

Location of program: Vancouver, BC Canada

Quarter: Winter (January start)

Year you wish to begin: _____

PART B – PRIOR EDUCATION

List only colleges or universities that will supply transcripts to City University of Seattle at your request. Official transcripts from these colleges or universities must be sent to City University of Seattle in sealed institutional envelopes. All transcripts must be official (original or certified copies of original) documents. Translations, if necessary, must be certified by the U.S. Consulate, Ministry of Education or the institution itself.

College/University Name	Location	Attendance from-to	Certificates/ Credits/ Degrees Received	Date Transcripts Requested	Check if Enclosed
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

In which country did you complete high school? _____

Other names that your transcripts may be listed under: _____

(Provide proof of official name change is applicable)

PART C – VISA INFORMATION *(To be completed by applicants currently residing in Canada)*

1. Passport Number: _____ Issued by (Name of the Country): _____

2. Present visa classification: Study Permit Other: _____

a) Check one:

I will keep my current visa status and plan on:

Remaining in Canada

Leaving Canada before starting my program at CityU

I will apply to the Citizenship and Immigration Canada (CIC) to change my visa status to a Study Permit

I will leave Canada and return on a Study Permit visa

Other (explain): _____

3. Applicants on a Study Permit visa must provide the following information:

a) Date first granted the Study Permit status: _____

b) (If applicable) Practical training or Post –Graduation Work Permit authorized from: _____ to _____

PART D – DEPENDENTS *(See applicable information packet)*

List any dependents (spouse and minor children) who will accompany you*:

Last Name	First Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to You

*Proof of dependency is required (marriage certificate, other) as well as passport copies.

PART E – STUDY PERMIT STUDENT ONLY – ESTIMATED EXPENSES*

As a student on a Study Permit, you will be required to enroll full-time and make normal progress towards your degree. These charges are subject to change without notice and students should be prepared for any adjustments in expenses. **Estimated expenses for a single student are as follows (assuming a continuous enrollment in the full-time Master of Counselling program).**

Description	Amount in CAD \$	
	Year 1	Year 2
Tuition	\$34,000	\$10,000
Books	\$3,000	\$800
Transportation	\$1,500	\$1,500
Room and board	\$12,000	\$12,000
Personal Expenses	\$4,000	\$4,000
TOTAL YEARLY EXPENSES	\$54,500	\$28,300

Above estimates are calculated without any dependents – for each dependent, please add \$5,000/year.

Notes:

- Tuition is subject to yearly increase. The tuition shown above reflects rates effective from July 1, 2016 – June 30, 2017.
- Expenses may vary depending on individual lifestyle.
- CityU Canada does not provide on-campus housing. However, the International Admissions Office provides students with information on area housing options upon admission to the university.

FINANCIAL STATEMENT

City University of Seattle requires certification of adequate financial support from applicants with student visas before admission will be considered. Students should be prepared to pay tuition and fees for the quarter at the time of registration. City University of Seattle cannot defer payment of tuition fees. Include your or your sponsor's current bank statement (dated within 6 months of the desired starting date) and, if applicable, your sponsor's letter with this application.

	STATEMENT BALANCE
<input type="checkbox"/> Personal Funds of Student: _____	\$ _____
<input type="checkbox"/> Family Name: _____ Relationship to Student: _____ Address: _____ _____	\$ _____
<input type="checkbox"/> Private Sponsor Name: _____ Relationship to Student: _____ Address: _____ _____	\$ _____
<input type="checkbox"/> Scholarship* (Government/Company/Other) Relationship to Student: _____ Address: _____ _____	\$ _____

*Please submit a signed copy of the scholarship award letter with this application. It should include details of the scholarship, including award amounts, effective dates, billing instructions, and background information about the sponsoring organization.

Students on Study Permits are prohibited from engaging in employment by Canadian Immigration Regulations without proper authorization. You must have sufficient funds to cover your expenses without any financial assistance from the university.

PART F - EQUAL OPPORTUNITY, DRUG AND GRIEVANCE POLICIES

Please review the following policies and procedures.

Notice of Non-Discriminatory Policy

City University of Seattle subscribes to the principals and laws of the state of Washington and the federal government, including applicable Executive Orders that pertain to civil rights, equal opportunity and affirmative action. City University of Seattle policy prohibits discrimination on the basis of race, sex, including sexual harassment, religion, age, colour, creed, national or ethnic origin, physical, mental or sensory disability, marital status, sexual orientation, and status as a Vietnam era or disabled veteran in the recruitment and admission of students of any race, the recruitment, employment and retention of faculty and staff, and the operation of all University programs, scholarships, loans, activities and services. Evidence of practices that are inconsistent with this policy should be reported to the Affirmative Action Coordinator in the office of Human Resources – 521 Wall Street, Seattle, Washington 98121, 1.888. 422.4898.

City University of Seattle is accredited by the Northwest Commission on Colleges and Universities, 8060 165th Ave. NE, Suite 100, Redmond, WA 98052, and an EO institution.

Substance Abuse Policy

The goal of City University of Seattle's substance abuse policy is to ensure that the University and all its locations are free of illegal drug use, alcohol abuse or illegal drug activity. All City University of Seattle employees, faculty, staff and students will be provided with a complete copy of this policy. From time to time, drug-related educational materials and programs will be offered to enhance your awareness of the facts about alcohol abuse, as well as illegal drugs and the consequences of their use. Materials and programs also will describe the alternatives available to you in the event that you are or may become involved with drugs and feel the need for professional assistance. The University's typical response to voluntary requests for assistance is summarized in this policy. The policy's legal basis is the Federal Drug-Free Workplace Act of 1988, and Drug-Free School and Communities Act-Higher Education, Drug-Free Schools and Campuses, August 16, 1990. These laws and this policy apply to all City University of Seattle employees, faculty, staff and students, full-time, part-time and on-call. City University of Seattle is required by strict mandate of the Department of Education to implement and enforce these regulations.

Grievance Procedure

The Student, Staff and Faculty Grievance Procedure is designed to provide an effective/ acceptable means for persons to bring equal opportunity / non-discrimination, disciplinary or any conduct-related problems and complaints to City University of Seattle's attention. This procedure enables students, staff and faculty to file a grievance without fear of retribution or prejudice, and to help identify and eliminate legitimate causes for

dissatisfaction. This procedure is separate from and applies to all issues other than grades. The grade grievance procedure is and remains as defined in the catalog and faculty handbook.

Grievance-filing process:

1. The aggrieved party contacts the Affirmative Action Coordinator (AAC) as soon as a problem is recognized;
2. The aggrieved party and the AAC, together, prepare a careful and correct grievance form;
3. The AAC conducts an investigation and prepares a report of findings;
4. The AAC reviews the report findings with the Vice President for Human Resources who, in turn reviews them with the aggrieved party's department head and the university's Executive Management Group;
5. Within ten days, the outcome of these reviews will be shared with the aggrieved party;
6. In the event of any apparently irreconcilable conflict, a three-person peer group will be appointed to review the grievance and attempt conciliation. Their written recommendation, of which the aggrieved party will receive a copy, will be prepared within ten additional working days, for review by the president of the university;
7. When the appropriate action has been determined, all parties involved will be informed of the decision in writing, and finally a follow-up procedure will be developed to ensure that the agreed upon action is carried out.

Documentation of all proceedings will be held in strictest confidence and maintained in a confidential file. It is the responsibility of all City University of Seattle employees to refer any student grievance to the Affirmative Action Coordinator and to comply with the procedure regulations.

Disclosure of Campus Security Policy & Campus Crime Statistics Act

City University of Seattle is a private non-profit institutional of higher education. Its mission is to provide educational opportunities worldwide, primarily to segments of the population not being fully served. City University of Seattle is committed to the safety and security of its entire faculty, staff and students. In accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, the university is dedicated to the accurate and timely dissemination of all crime statistics and security related information to our constituents. The annual report containing campus and non-campus crime statistics and related information may be accessed at www.cityu.edu. Paper copies are available upon request by calling our Human Resource Department at 1.888.488.4898.

I have read and understand the above equal opportunity, drug, grievances, and campus security policy statements.

Yes No Please Initial and Date: _____

PART G - OTHER

Do you require any special services or accommodations?

Yes No If yes, please contact the Disability Resource Office at disability@cityu.edu.

How did you hear about CityU Canada (part of City University of Seattle)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Family/Friend(s) | <input type="checkbox"/> CityU Canada Website | <input type="checkbox"/> School District posting |
| <input type="checkbox"/> Professional colleague | <input type="checkbox"/> CityU Canada Social Media | <input type="checkbox"/> School District ProD event |
| <input type="checkbox"/> Employer/ Administrator | <input type="checkbox"/> Email blast | <input type="checkbox"/> Education Fair/ Conference/ Workshop |
| <input type="checkbox"/> Newspaper/ Magazine Ad | <input type="checkbox"/> Radio | <input type="checkbox"/> Other (please specify): _____ |

PART H - CERTIFICATION

I hereby certify that the information I have provided on this application is accurate and complete to the best of my knowledge. I acknowledge that the falsification of information on the application or other required documents will result in dismissal from the university. Furthermore, I certify that I will have the full amount reported on page 3 available for my personal and academic expenses, and I will be able to pay for travel to my home country upon completion of my studies.

Student Name (please print): _____

Student Signature: _____ Date: _____

Canadian Immigration regulations require applicants to personally sign the application form. Applications signed by third parties will be invalid.

OPTIONAL: I hereby authorize City University of Seattle to release my information about my application to: _____
(name of agent/ friend/ family if applicable)