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**Program for Exemption From Supplemental Tuition Fees for international students from CEGEPs funded by MEES and managed by the Fédération des cégeps**

**– School year 2017-2018 –**

**Application form (to be filled by the candidate)**

**Identification**

**I,**

 



**Born on and citizen of :**

 

**I am admitted or enrolled at : in the program :**

 

**I confirm that:**

* I am neither a Canadian citizen nor a Permanent resident of Canada and I have not applied for permanent residence under the Canadian and Quebec Immigration Rules ;
* I am admitted or enrolled full-time in a technical training program with a view to obtaining the Diploma of College Studies (DEC in French) at the end of my stay in Québec ;

**I understand:**

* that it will be necessary that I am the holder of a Québec Acceptance Certificate for studies (Certificat d’acceptation du Québec CAQ) issued by the Ministère de l’Immigration, de la Diversité et de l’Inclusion (MIDI) and a study permit issued by the Government of Canada and that these documents must be kept current and adequate for the entire study period covered by the exemption of supplemental tuition fees ;
* that il will be necessary that I subscribe to the group health care plan for international students of CEGEPs or, if the CEGEP is not a member of this group plan, that I buy health care insurance accepted by the CEGEP;
* that the exemption may be terminated during the year for any reason deemed valid by the college or la Fédération des cégeps;
* that the exemption is to facilitate the successful completion of my studies ;
* that if I have provided false information, forged or altered documents for the purpose of my admission to CEGEP,  can take action leading up to my expulsion from the program in which I study *and that, additionally, legal proceedings could be taken against me.*

**I undertake to:**

* submit to the head of the Program in my CEGEP, the originals of all documents which will be used in the analysis of my application for admission, namely, the transcripts of my last three years of studies and the related diplomas, if applicable ;
* comply with the requirements for my program of studies and observe the regulations of the college that I will be attending ;
* follow, to the best of my ability, the curriculum to which I will be enrolled ;
* submit, where applicable, the periodic reports that are asked as part of this program for exemption from supplemental tuition fees for international students from college network ;

**And I authorize:**

* the  and the Fédération des cégeps to send to the ministère de l’Éducation et de l’Enseignement supérieur du Québec, Global Affairs Canada, Immigration, Refugees and Citizenship Canada, the ministère de l’Immigration, de la Diversité et de l’Inclusion (Québec), Revenu Québec, Canada Revenue Agency, Regional Admissions Office that processed my application to the CEGEP, the insurance company responsible for the health care system for international students from cégeps, the personal, medical and school information concerning my dependents or myself and the information necessary to facilitate the functions of these organizations for the implementation and management of the program for exemption from supplemental tuition fees in order to maintain my enrollment status exempt from tuition fees in CEGEP;
* the  and the Fédération des cégeps to communicate with the schools that I attended or the government authorities responsible for the training that I received in order to obtain or verify any information on my school documents and studies which I have submitted for admission to CEGEP.

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| --- | --- | --- |
|  | Signed on | in |
| **Signature of the candidate (mandatory)** |  | DD/MM/YYYY |



Note: If the student is minor, it is necessary to obtain approval from the parent or guardian of parental authority to validate the agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Signed on | | in | |
| Signature of the parent  or the guardian having parental authority |  | | DD/MM/YYYY | |
|  | |  | |  | |
| Family name and given name of the parent  or the guardian having parental authority  (to be printed) | |  | |  | |