

ASSESSMENT FOR STUDENT VISA

IF YOU HAVE AND TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT: info@servicelinks.ca

DATE:

1) CONTACT PERSON	
LAST NAME	FIRST NAME:
EMAIL	PHONE:
DATE OF BIRTH (YYYY-MM-DD)	GENDER:
2) CONTACT DETAIL	
ADDRESS	
3) FATHER DETAIL	
LAST NAME	FIRST NAME:
OCCUPATION	
4) MOTHER DETAIL	
LAST NAME	FIRST NAME:
OCCUPATION	
5) EDUCATION BACKGROUND	
SECONDARY EDUCATION:	YEAR: INSTITUTION NAME: SUBJECTS: AGGREGATE % AGE:
GRADUATION / POST GRADUATION	YEAR: COLLEGE/ UNIVERSITY NAME: SUBJECTS: AGGREGATE % AGE:

CANADA: Unit B 209-2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8 t +1 604.944.7912 f +1 604.944.7913



6)OTHER TESTS TAKEN SCORE **IELTS** TOEFL GMAT GRE SAT I ☐ OTHER ☐ SAT II 7) WORK EXPERIENCE (INCLUDE PART TIME WORK) DATE: EMPLOYED BY: RESPONSIBILY / EXPERIENCE: FULL TIME □ PART TIME DATE: EMPLOYED BY: RESPONSIBILY / EXPERIENCE: PART TIME FULL TIME DATE: EMPLOYED BY: RESPONSIBILY / EXPERIENCE: FULL TIME PART TIME 8) FINANCIAL DETAIL A: FIXED ASSETS: B: LIQUID ASSETS: C: ANNUAL INCOME (APPLICANT): ANNUAL INCOME (PARENT):

CANADA: Unit B 209-2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8 t +1 604.944.7912 f +1 604.944.7913



9) HAVE YOU EVER FILED A STUDY PERMIT TO CANADA OR ANY OTHER YES NO IF REJECTED, PROVIDE FILE NUMBER: DATE OF REJECTION: RESON OF REJECTION: 10) ADDITIONAL INFORMATION