# Eligibility Verification Number (EVN) request form

*for* CIC Off Campus Work Permit application

## Student Information

**Student ID:** _____ **CIC Client ID Number*:** _____

**Family Name:** _____ **Given Name(s):** _____

**Date of Birth:** _____ (yyyy-mm-dd) **Program of Study:** _____

**Level of Study:** Undergraduate ☐ Graduate ☐ Please pay **$10 fee** at the Finance Department. Your form will then be sent to the Faculty of Graduate Studies for processing. (Account # 118-168-004)

## [OFFICE USE ONLY] Institution Verification

**Please confirm.**

Is the student currently registered as a full-time student? (Note: Check "Yes" if the student is registered part-time during their last semester of their last year of study, or if the student is currently on a scheduled break that is part of the regular study pattern at your institution.) Yes ☐ No ☐

Is the student participating in an exchange program? Yes ☐ No ☐

Is the student currently enrolled in an OCWP eligible program of study? Yes ☐ No ☐

**For off-campus work permit applications, for at least six months out of the last twelve preceding this request, the student:**

Has the student studied full-time in a program of study other than ESL/FSL? Yes ☐ No ☐

Has the student maintained satisfactory academic standing? Yes ☐ No ☐

**Indicate the months during which the student was studying full-time and the months during which the student was a co-op placement.**

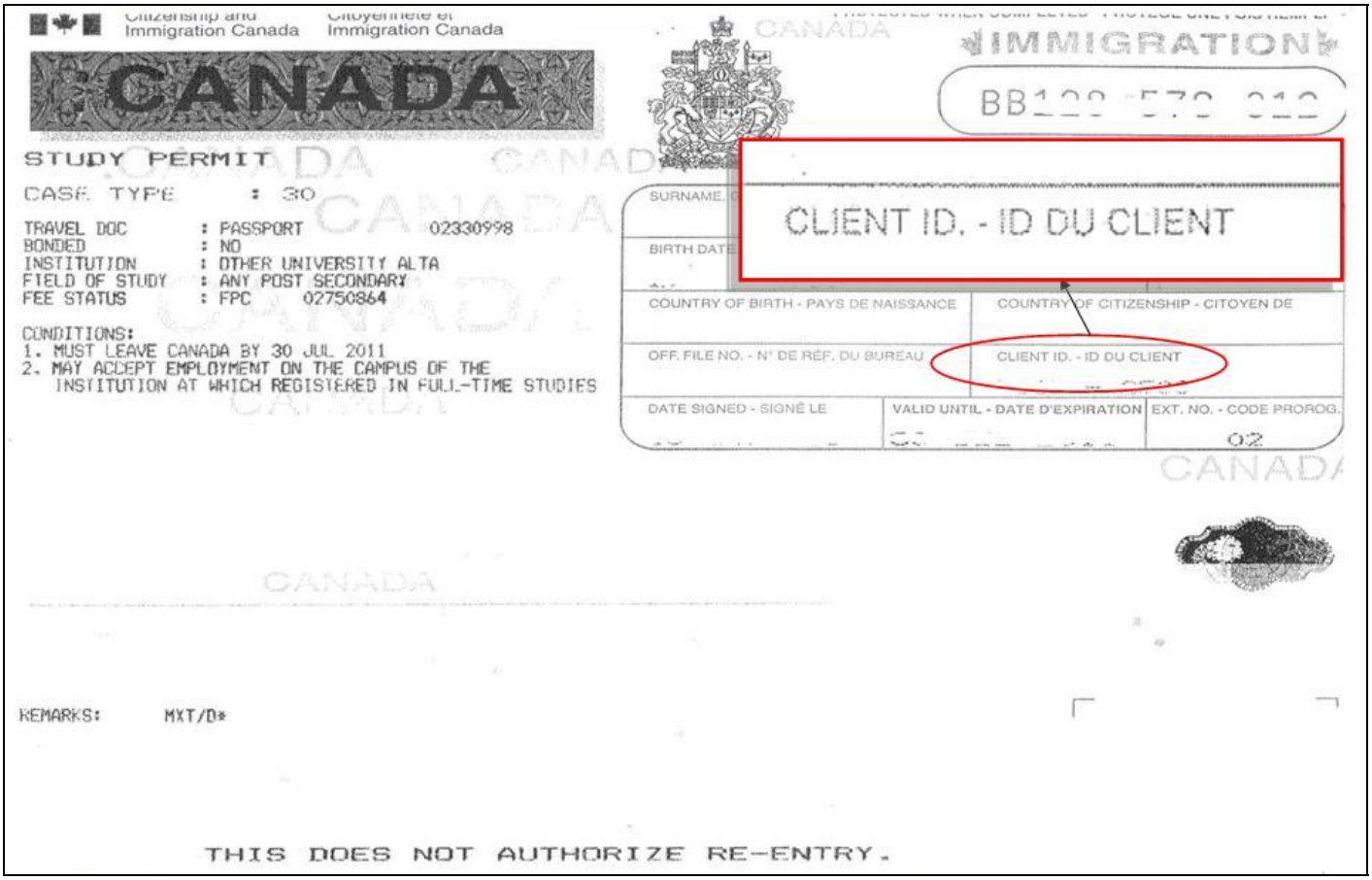
Study:

Sep ☐ Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐

Co-op:

Sep ☐ Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐

***Where to find your CIC Client ID Number:**



Citizenship and Immigration Canada | Citoyenneté et Immigration Canada

CANADA

IMMIGRATION

BB1[illegible]

STUDY PERMIT

CASE TYPE : 30

TRAVEL DOC : PASSPORT 02330998
BONDED : NO
INSTITUTION : OTHER UNIVERSITY ALTA
FIELD OF STUDY : ANY POST SECONDARY
FEE STATUS : FPC 02750864

CONDITIONS:
1. MUST LEAVE CANADA BY 30 JUL 2011
2. MAY ACCEPT EMPLOYMENT ON THE CAMPUS OF THE INSTITUTION AT WHICH REGISTERED IN FULL-TIME STUDIES

SURNAME

BIRTH DATE

CLIENT ID. - ID DU CLIENT

COUNTRY OF BIRTH - PAYS DE NAISSANCE | COUNTRY OF CITIZENSHIP - CITOYEN DE

OFF. FILE NO. - N° DE RÉF. DU BUREAU | CLIENT ID. - ID DU CLIENT

DATE SIGNED - SIGNÉ LE | VALID UNTIL - DATE D'EXPIRATION | EXT. NO. - CODE PROROG. 02

REMARKS: MXT/D*

THIS DOES NOT AUTHORIZE RE-ENTRY.