

VSCP Participation Consent Form

UAlberta Use Only	VSCP Staff Signature:
Date:	Applicant UAlberta ID:

Applicant Family Name:	Applicant Given Name (s):
Date of Birth: Month Date Year	Home Institution:
E-mail Address:	

What is your IELTS or TOEFL Score? If you do not have one, circle NONE. Please include a copy of your score sheet

IELTS Score:	TOEFL Score:	NONE
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What year would you like to start the VSCP? _____ (example: 2018)

Select your Period of Study. Circle One

May – April	July – April	September – April	September – August	January – August
May – December	July – December	September – June	January – June	January - December

When did you complete the online VSCP Application?	Month	Date	Year
When you start the VSCP, what year of studies will you be in at your home institution?	Circle one		
1st year	2nd year	3rd year	4th year
	5th year	6th year	

Submit the following paper documents to the VSCP Office

- Participation consent form (PDF) signed by home university
- official university transcript in English
- one letter of support from a professor or university official at your university
- TOEFL or IELTS score (optional)
- Completed [homestay application form \(PDF\)](#) & placement fee payment (\$200) (optional)

Mailing Address VSCP, University of Alberta International 142 Telus Centre Edmonton, Alberta T6G 2R3 Canada Tel: (780-492-2692)
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Important

Applicants must also complete the [VSCP Academic Study Plan](#) outlining courses you wish to take (subject to availability/permission) within two weeks of application. Your application will not be complete without submission of this online form.

Do not apply for Campus Residence until you receive an email from a VSCP coordinator with instructions.

The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act will be protected under part 2 of that Act. The information will be used for purposes including admission, registration, administration of records, student services and university planning and research. Student's personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance organizations and to contracted or public health care providers as required. For information on the use or disclosure of this information contact Visiting Student Programs, University of Alberta International, 142 Telus Centre, Edmonton, Alberta T6G 2R3, 780-492-7884.

Applicant's Signature:	Date:
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To be completed by applicant's home institution	
Name and Position of Home Institution Representative	
E-mail Address:	Telephone:
<i>I confirm that the applicant named above has consent to participate in the Visiting Student Certificate Program (VSCP) at the University of Alberta</i>	
Signature of Home University Representative:	Date:



Visiting Student Certificate Program (VSCP)

Website: uab.ca/vscp
 E-mail: vscp@ualberta.ca
 Telephone: 1 (780) 492-2692 Fax: 1 (780) 492-1488