



INTERNATIONAL STUDENT ARRIVAL FORM WINTER 2011

Please complete this form and return it to ICS as soon as possible

PERSONAL INFORMATION

Family Name:		First Name:		
Address:				
City:	Country:	Postal Code:		
E-mail:				
Male: <input type="checkbox"/>	Age:	Married: <input type="checkbox"/>	Number of Children:	Will you be travelling alone or with family?
Female: <input type="checkbox"/>		Single: <input type="checkbox"/>		
University of Manitoba Student Number:				
Do you have a Study Permit / Has your Study Permit application been approved (if applicable)?: Yes <input type="checkbox"/> No <input type="checkbox"/>				

ACADEMIC PROGRAM

Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>	Exchange Student <input type="checkbox"/>	English Language Centre <input type="checkbox"/>
Faculty/Department:		

IMMIGRATION STATUS

Study Permit <input type="checkbox"/>	Visitor Visa/Visitor Status <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Visiting Scholar <input type="checkbox"/>
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PLEASE INDICATE THE PROGRAMS IN WHICH YOU WISH TO PARTICIPATE

1. Orientation for New International Students <input type="checkbox"/> (Friday, January 7, 2011)	3. Campus Buddy Program <input type="checkbox"/>
2. Welcome Family Program <input type="checkbox"/> (3-5 days of free accommodation with a Canadian family) Have you applied for a room in a U of M residence? Yes <input type="checkbox"/> No <input type="checkbox"/> Residence Name: _____ Has your U of M residence room been confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>	4. ICS Newsletter <input type="checkbox"/> (The ICS Newsletter will be sent to the e-mail address listed above until you have activated your U of M e-mail account)

Please describe any dietary restrictions that we should consider when selecting a Welcome Family:

Please describe any medical and/or physical conditions which may affect your participation in our programs:

TRAVEL INFORMATION (to be completed by participants in the Welcome Family Program only)

Departure from Home →	Date & Time:	Flight Number:
Arrival in Winnipeg →	Date & Time:	Flight Number:
City of Entry into Canada:		

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the purpose of planning ICS arrival programs. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access & Privacy Coordinator's Office (tel. 204-474-9462 or 204-474-8339), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.

I hereby consent to release the above information to the University of Manitoba's International Centre for Students (ICS) for the purpose of planning ICS arrival programs for international students. I understand that this information will be held in confidence and used solely for the purpose stated.

Signature

Date

Please complete this form and return it to:
INTERNATIONAL CENTRE FOR STUDENTS
541 University Centre, University of Manitoba, Winnipeg, Manitoba, R3T 2N2
Fax: (204) 474-7562 E-mail: ics@cc.umanitoba.ca