

BROCK UNIVERSITY, CANADA

STUDY ABROAD APPLICATION FORM

GENERAL DETAILS

Home University: _____

Partner Organization: IEC Online GmbH

Level of Studies at Brock: Undergraduate (Bachelor)
 Graduate (Master)

Desired Period of Study at Brock: 2 semesters (Fall + Winter: Sept-Apr)
 1 Semester in Fall (Sept-Dec)
 1 Semester in Winter (Jan-Apr)
 1 Semester in Spring (May-June)
Year: 20_____

APPLICANT INFORMATION

Prefix (*Mr, Mrs, Miss, Ms, Dr, Prof, Rev*): _____

First Name(s): _____

Last Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Country of Citizenship: _____
If you have more than one, name the one with which passport you will travel to Canada for your Study Abroad!

Photo: Please submit your current photograph to IEC as .jpeg, .png or .tiff file: americas@ieconline.de.

English Language Proficiency:

I have successfully completed:

IELTS Alternative: _____

TOEFL _____

DAAD _____

Test Score: _____ Test Date: _____

Contact Information

Mailing Address

(Street Name/Number): _____

City: _____

State/ Province: _____

Zip/Postal Code: _____

Country: _____

Mobile Phone Number: (+ country code!) _____

Alternative Phone

Number: (+ country code!) _____

Email Address(es): _____

Emergency Contact

First Name: _____

Last Name: _____

Phone Number: (+ country code!) _____

E-Mail address: _____

Relationship to

Applicant (etc. mother, (+ country code!) _____

uncle, friend): _____

Phone Number: (+ country code!) _____

EDUCATION HISTORY

Present Years of Studies: (e.g. year 2 of 3) _____

Main Subject/Study Area at home institution:

Desired Subject/Study Area at Brock:

ACADEMIC WORK IN PROGRESS

List all courses that you are currently taking at your home institution and that are not yet mentioned in your Academic Record/Transcript:



Course Number/Code	Course Name
_____	_____
_____	_____
_____	_____
_____	_____

COURSE PREFERENCES

List 5-8 courses (in order of preference), with the appropriate Brock Course numbers that you would like to study. Potential course offerings can be found below:

Undergraduate Calendar (Bachelor): <https://brocku.ca/webcal/2017/undergrad>

Graduate Calendar (Master): <https://brocku.ca/webcal/2017/graduate>

** Courses listed in the academic calendar are not offered every term. The courses which you list below will be used in preparing your study plan.

** Please note, in order to register in a course you must have similar academic experience as outlined in the pre-requisites in the Course Calendars.

**You will be notified by our office once the official time table is determined for the upcoming year. At that time, you will officially request courses you wish to take while you are at Brock University.

Course Code	Course Name
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____

Please list any specific academic or accessibility needs that you would like us to be aware of:

REQUIRED DOCUMENTATION

Please include a short personal statement (no more than 250 words!) explaining why you have applied for this program. Send it via email to: americas@ieconline.de.

APPLICATION FEE

All applicants must pay the non-refundable application fee. Your application will not be processed without your signature and application fee.

Method of Payment

Credit Card

Please choose one of the following:

- Visa
- MasterCard

Total [amount to be charged](#): \$ _____ CAD _____

Credit Card Number: _____

Expiration Date (month/year): _____

CVV2 (security code): _____

Cardholder's name: _____

Cardholder's Relationship to Applicant (e.g. father, friend, self) _____

Cardholder's Billing Address: _____

Cardholder's Signature: _____

By signing above, I authorize Brock University to charge my credit card for the amount I have entered above.

PRIVACY STATEMENT

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Direct any questions about this collection to Brock International Services, at studyabroad@brocku.ca

CONFIRMATION

I confirm that the information provided in this application is accurate and complete to the best of my knowledge. I will notify Brock University if any changes occur between now and the beginning of my Study Abroad term. I understand that the courses requested on this application may or may not be available at the time of registration and that I may need to modify the requests. I will monitor the email account listed on this application as it will be used to communicate important information about the Study Abroad Program. *(Mandatory!)*

I agree

I permit Brock University to share information with my Home Program Coordinator, as it pertains to my study abroad experience. *(Mandatory!)*

I agree

Date Signed (dd/mm/yyyy): _____

AUTHORIZATION FOR IEC ONLINE GMBH TO PROCESS THE APPLICATION

All applicants must sign below.

I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on the Application Form of Brock University via an electronic online application form created and maintained by the Brock University.

Applicant Signature: _____

City, Date (mm/dd/yyyy): _____

Please submit your application with all required documents to IEC:

IEC Online GmbH, Bewerbungsbetreuung, Marienstrasse 19/20, 10117 Berlin, Germany