

SPECIAL EXEMPTIONS

INFORMATION ON INTERNATIONAL STUDENTS ACCORDED A SPECIAL EXEMPTION FROM SUPPLEMENTARY TUITION FEES

Send to: **Ministère des Relations internationales et de la Francophonie**
Direction des engagements internationaux et des partenariats
E-mail : engagements@mri.gouv.qc.ca

The information below is collected under the Special Exemptions section of Ministère de l'Enseignement supérieur's *Policy for Québec university tuition fees payable by international students*.

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|---|
| IDENTIFICATION |
| First and last name as they appear on application form (please print): _____ |
| Date of birth: _____ Nationality: _____ |
| Email: _____ |

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| QUÉBEC ADDRESS |
| Street, civic number and city: _____ |
| Postal code: _____ Telephone: _____ |
| If a Québec address is not available at this time, it must be sent immediately upon arrival to the address at the top of the page. |

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| QUÉBEC PROGRAM FOR WHICH EXEMPTION IS REQUESTED |
| Name of institution (please print): _____ |
| Full name of program as it appears on application form (please print): _____ |
| Degree program: <input type="radio"/> Bachelor's <input type="radio"/> Master's <input type="radio"/> Doctoral |
| Program start date of the program of studies : _____ |

*Please provide, with this application form, a **proof of your acceptance** into a program of study at a Québec institution of higher learning and an **attestation of your full-time enrollment in this program**.*

Under sections 64 and 65 of the *Act respecting access to documents held by public bodies and the protection of personal information* (chapter A-2.1), the categories of persons who will have access to this information will be the Ministère des Relations internationales et de la Francophonie and the Ministère de l'Enseignement supérieur staff responsible for application of the Policy. The information will be disclosed to the educational institution you attend for the duration of your studies in Québec. The information will be destroyed on termination of your studies according to the deadlines set forth in the *Archives Act* (chapter A-21.1).

DECLARATION

I declare that the information provided in this form is true and complete.

SIGNATURE: _____ **DATE:** _____