Application for a visitor visa or study permit

* I want to apply for a: (required)

- 🔘 study permit
- 🔿 transit visa or support for Afghan nationals outside Canada
- Canada-Ukraine authorization for emergency travel (CUAET)
- 🔿 visitor visa or supervisa
- O not sure

* Tell us more about what you'll do in Canada. Include dates. (required)

~					0 of 475 characters us
When will you enter Can If you don't yet know the dat		Canada, select an approximate da	ate.		
Select year	Ţ	Select month	•	Select day	×
When will you leave Can	ada? (<mark>required</mark>)				
Select year	*	Select month	*	Select day	*
UCI (unique client identi	fier), <mark>i</mark> f known (d	optional)			

* Why do you need a visa? (required)

- To be with a loved one who is critically ill or dying
- \bigcirc To provide care for a loved one who needs medical support
- To attend a funeral or end-of-life ceremony
- To join a vessel as a marine crew member
- O To take up a diplomatic posting in Canada
- O To travel as an accompanying immediate family member of a diplomat arriving on a posting, and who will also be accredited in Canada
- To handle the affairs of a victim of Ukraine International Airlines Flight PS752
- 🔿 To visit Canada as a tourist
- O To visit my spouse, common-law partner, dependent child, parent, steps-parent, guardian or tutor who is a Canadian citizen, person registered under Canada's Indian Act or permanent resident of Canada
- O To visit my spouse, common law partner, dependent child, parent, step-parent, guardian or tutor who is in Canada temporarily, such as an international student or temporary worker
- To visit my grandparent, grandchild, sibling, half-sibling, step-sibling or non-dependent child who is a Canadian citizen, person registered under Canada's Indian Act or permanent resident of Canada
- O To visit other family who are not listed above or friends for less than 6 months
- To visit my children or grandchildren for more than 6 months (super visa)
- O For business reasons, like a meeting, conference, event, or training
- O For a medical procedure (scheduled) or treatment
- O To study without a permit for less than 6 months
- O To work without a permit
- O Not sure

Travel document information of the applicant

* Surname/last name (Write your name exactly as		sport or identity docum	ent.		
Given name/first name Write your given name. If r		nk.	1		
* Date of birth (required Select your date of birth ex		our passport.			
Select year	•	Select month	•	Select day	•
 Male Female Unknown Another gender Travel docum Type of travel d What document are yo Passport Other * What's your passport c * Confirm your passport	ocument u travelling with? (travel document or travel document	required) number? (required)			
* Date of issue of passpo	rt or travel docume	Security and some			
Select day	•	Select month	*	Select year	*
			to cover the time yo he document you're	ou want to be in Canada. Your p e applying for.	assport
* Date of expiry of your I	passport or travel d	ocument (required)			
Select day	•	Select month	•:	Select year	*

The validity of document.	the documer	nt you are requestin	g can't be issu	ed beyo	nd the expiry d	ate of your travel
Are you a lawful permaner ○ Yes ○ No	it r <mark>e</mark> sident of th	ne United States with	a valid Green Ca	ard <mark>(</mark> alien	registration carc	l)? (required)
Have you held a Canadian 〇 Yes 〇 No	visitor visa in t	he past 10 years? <mark>(re</mark> o	luired)			
Do you currently hold a va l	lid U.S. nonimn	nigrant visa? <mark>(require</mark>	d)			
Are you travelling to Canad)Yes 〇 No	d <mark>a b</mark> y air?(<mark>req</mark> u	uired)				
← Back		Return to grou	ip table			Save and continue \rightarrow
xpiry date <mark>(required)</mark>						
Select year	÷	Select month		•	Select day	÷
Are you using a different Yes No Tell us about the passp elect the country code that matched	ort you used to ge	et your U.S. nonimmigrant		to get ye	our U.S. nonimmi	grant visa? (required
/hat's the passport number?(requi	red)	₩)				
onfirm the passport number(<mark>requ</mark> i	red)					
'hen was the passport issued?(req	uired)]	6			
Select day	- Select month	ı •	Select year		•	

Select year

-

*

* Date of expiry of the passport (required)

 Select day
 Select month

Citizenship and places where the applicant has lived

- * Country or territory where you were born (required)
- * City or town where you were born (required)

National identity document of the applicant

* Do you have a valid national identity document? (required)
 Not all countries issue a national identity document. If you have one, provide your information.
 Yes No

Names used in the past

* What type of name? (required)

- O Nickname/Alias
- Name before marriage
- Previous name

* Surname/last name (required)

Given name/first name (optional)

Write the given name. If none, leave this field blank.



Ē

Contact information of the applicant

Countries or territories of residence

What's your residential address?

This is the address where you currently live.

- * Select a country or territory (required)
- * Street address (required)

Enter the address, including house number or building number if applicable.

* City or town (required)

Postal code (optional)

* Is your mailing address the same as your residential address? (required) O Yes O No

Countries or territories of residence

What is your mailing address?

* Select a country or territory (required)

* Street address (required)

Enter the address, including house number or building number if applicable.

÷

* City or town (required)

Postal code (optional)

Countries or territories of residence

* List your current country or territory of residence, then add all other countries or territories where you've lived for the past five years, for more than 6 months. (required)

 Add
 AUG

> You'll lose your information if you leave this page without saving.

Country/territory	Status	From	То		п	Ado nodif	d or y a f	
	There is no data	to display						
			Items per page : 5	0 of 0	1<	<	>	>1
* What is your status in your country or ter	• ritory of residen	ce? <mark>(required)</mark>						
★ From (required) Select year ✓ Select mor	nth 🗸	Select day	*]				
You must select 1 address w This is where I currently live. * To (required)	vhere you curre	ently live.						
Select year - Select mor	nth -	Select day	~					

Biometrics (fingerprints and photo) of the applicant

You should check the status of your biometrics to see when they expire. The document you're applying for can't be valid longer than your biometrics. If you need your document to be valid for longer, you can give your biometrics again.

* Do we already have your fingerprints and photo (biometrics), and are they still valid? (required) Answer yes only if you:

- gave your biometrics in the past 10 years for a visitor visa, study or work permit application, and
- know your biometrics are still valid. If you're not sure, find out if your biometrics are still valid.

○ Yes ○ No

Finances



Information about education, work and other activities

You must complete this entire section to be able to save your details

You can only save your information after you answer all the questions below and fill in each table. If you leave the

- application without providing all these details
 - your information will not be saved
 - you will have to input the information again when you return

Post-secondary education history

* Have you ever studied at a post-secondary school (university, college or vocational school)? You don't need to have completed a degree or diploma. (required)

○ Yes ○ No

* Give details of each program you have studied and are currently studying. (required)

* Name the school or institution where you studied, or where you currently study.

(required)

* From (required)

Select year

Select month

Ongoing

* To (required)

Select year 👻 Select month	•
----------------------------	---

* Level of study (required)

Field of study (required	(k	
	*	
Address		
Select a country or terri	itory (required)	
	*	
Street address (require Enter the address, including	e d) g house number or building number if ap	olica
City or town (required)		
City or town (required))	

Work/activities history

Military/police history

* Did you serve in any military, militia, civil defence unit, security organization or police force (including non-obligatory service, reserve or voluntary units)? (required)

○ Yes ○ No

* Give details of all your employment and activities for the past 10 years. (required)

Do not include any entries that you already put for post-secondary education or military/police history (if that was your only occupation at that time). For all other periods of time, you need to enter an occupation or activity. Don't leave any other gaps.

Select "Government position" if you've worked as a civil servant, judge, mayor, Member of Parliament, hospital administrator, or employee of a security organization.

* From (required)

Select year	•	Select month	
 Ongoing * To (required) 			
Select year	•	Select month	
* Work/Activity (required)		~	
	×		
* Job title (required)		n n	
	Ť		
* Company/employer(<mark>requ</mark>	uired)]	

Main duties of the job (requ Briefly describe the duties of your			
Address			
Select a country or territory	(required)		
Street address (required) Enter the address, including hous	e number or building numb	per if applicable.	
City or town (required)			

Travel history

* During the past 5 years have you travelled to a country or territory other than the one where you're a citizen or where you live now? (required)

○ Yes ○ No

* Tell us more about your travels (required)

If you travelled to a country several times in a month, add only 1 entry in the table.

PREVIOUS TRAVEL

DATE FROM	то	COUNTRY / TERRITORY	LOCATION	PURPOSE OF TRAVEL

Travel history (continued)

* Have you ever stayed in Canada beyond the validity of your status, attended school in Canada without authorization, or worked without authorization in Canada? (required)

○ Yes ○ No

* Have you ever been refused a visa or permit, denied entry to, or ordered to leave any country or territory? (required) Yes No

Criminality and security

* Have you ever committed any crime in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)

○ Yes ○ No

* Have you ever been arrested for any criminal offence in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)

○ Yes ○ No

* Have you ever been charged for any criminal offence in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)

○ Yes ○ No

* Have you ever been convicted for any criminal offence in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)

○ Yes ○ No

Criminality and security questions

* Are you or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advanced violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? (required)

○ Yes ○ No

* Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? (required)

○ Yes ○ No

Medical background questions

* Have you had a medical exam performed by an IRCC authorized panel physician (doctor) within the last 12 months? (required) Yes ONO

Medical background questions- Tuberculosis

* In the last 2 years, were you diagnosed with tuberculosis? (required)

- Tuberculosis is a disease of the lungs caused by bacteria. It may also be known as TB, Potts disease, Koch's disease, scrofula, latent tuberculosis or extra-pulmonary tuberculosis.
- If you have a history of tuberculosis, it doesn't mean that you can't come to Canada. Once you complete your treatment, you can come to Canada. • Yes • No

* In the last 5 years, have you been in close contact with a person with tuberculosis? (required)

- Tuberculosis is a disease of the lungs caused by bacteria. It may also be known as TB, Potts disease, Koch's disease, scrofula, latent tuberculosis or extra-pulmonary tuberculosis.
- If you have a history of tuberculosis, it doesn't mean that you can't come to Canada. Once you complete your treatment, you can come to Canada.

○ Yes ○ No

Medical background questions

- * Have you had a mental health condition causing you to be a threat to yourself or others, or to be hospitalized? (required) Yes No
- * Have you ever been diagnosed with syphilis? (required)

• Syphilis is a disease caused by bacteria and may also be known as lues, syph or pox.

• If you have a history of syphilis, it doesn't mean that you can't come to Canada. Once you complete your treatment, you can come to Canada 🔾 Yes 🔹 🔿 No

Family information

Marital Status

* What is your current marital status? (required)

- O Annulled Marriage
- O Common Law
- O Divorced
- Married
- Separated
- Single
- O Widowed

* Date of marriage or start of common-law relationship (required)

Select year		Select month	•	Select day	*
Name of spouse/	/common-la	aw partner			
Surname/last name(<mark>req</mark>	juired)				
		ē			
Siven name/first name(Nrite the given name. If none		nk.			
Date of birth(<mark>required</mark>)					
Select year	•	Select month	•	Select day	•
Country or territory of bi	rth (required)				
Present occupation (req	uirod)				
Present occupation (req	uired)	•			
d					

* Is their address the same as yours? (required)

○ Yes ○ No

* Will your spouse/common-law partner accompany you to Canada? (required)

Answer yes even if your spouse will join you later in Canada. Yes No

Children

* Do you have any biological, adopted or step-children This includes all sons and all daughters, regardless of age or pl				
○ Yes ○ No				
* Surname/last name (required)				
ē				
Given name/first name (optional)				
Write the given name. If none, leave this field blank.				
8				
* Date of birth (required)				
Select year - Select month	- S	elect day	*	
This child is deceased.				
* Relationship (required)				
· · · · · · · · · · · · · · · · · · ·				
* Country or territory of birth (required)				
*				
* Does this child have the same address as yo	ou? (required)			
○ Yes ○ No				
* If the child is not in Canada, will they accon	npany you to Ca	anada? <mark>(require</mark> d	4)	
⊖ Yes ⊖ No				

*******Please use another sheet of paper for additional list of children using the format above

Tell us about your parents

If you were adopted, provide the details about your legal parents.

I don't know who my parents are.

* Parent(s) (required)

Surname/last na	ine (require			
		ē		
Given name/firs Write the given nan				
		ē		
		9		
Relationship <mark>(re</mark>	quired)	9		
Relationship (re Father	quired)	·		

Ŧ

Ê

* Present occupation (required)

* Will this parent come with you to Canada? (required) Orego Yes O No

If deceased,

* Date of death (required)

Select year	•	Select month	•	Select day	•
* Surname/last name(re					
Given name/first name Write the given name. If nor	(optional) ne, leave this field blar				
* Relationship (required))	ā			
* Date of birth (required		•			
Select year	- Select mon	th 👻 Select da	y .		

This	parent	is c	leceased

	-	
Present occupation <mark>(req</mark>	uired)	
		

- Yes No
- * Will this parent come with you to Canada? (required) O Yes O No

If deceased,

* Date of death (required)

Select year 👻 Select	nonth -	Select day 👻
----------------------	---------	--------------

Language of the applicant

* What is your native language or mother tongue? (requi	red)
	•
* Can you communicate in English and/or French? (requir	ed)
○ English	
○ French	
○ Both	
○ Neither	
* What language do you want us to use to contact you? (r	equired)
○ English	
○ French	

Email address of applicant

\sim

Telephone number of the applicant

* Telephone number (required)

* Telephone type (required)

This should be the number where we can reach you during the day. O Residence O Cellular O Other

* Select telephone number country or territory (required) O canada/US O Other

C

5

* Telephone number (required)

The second s			
Extension	number	(optional)	