

CIC NOTIFICATION FORM
INTERNATIONAL STUDENT

Alteration of Study Permit

CPC Vegreville
Study Permit
6212-55th Avenue – Unit 101
Vegreville, AB
T9C 1X5
FAX: 780-603-2693

Full Name: _____

Date of Birth: _____ **Passport Number:** _____

Nationality: _____ **Client ID #:** _____

Located on Study Permit

To whom it may concern:

I _____ am notifying Citizenship and Immigration
Full Name

Canada of the following:

Check and complete all that apply:

- I have chosen to transfer my college from Confederation College to _____
- I have chosen to change my program from _____ to _____
- I have chosen to change my level of study from _____ to _____
- I have chosen to change my study start date from _____ to _____

Thank you,

Signature

Date

Witness (Confederation College approved signatory)

Date