



SERVICE LINKS CANADA INC.

ASSESSMENT FOR STUDENT VISA

IF YOU HAVE AND TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT: info@servicelinks.ca

DATE:

1) CONTACT PERSON	
LAST NAME	FIRST NAME:
EMAIL	PHONE:
DATE OF BIRTH (YYYY-MM-DD)	GENDER:
2) CONTACT DETAIL	
ADDRESS	
3) FATHER DETAIL	
LAST NAME	FIRST NAME:
OCCUPATION	
4) MOTHER DETAIL	
LAST NAME	FIRST NAME:
OCCUPATION	
5) EDUCATION BACKGROUND	
SECONDARY EDUCATION:	YEAR: INSTITUTION NAME: SUBJECTS: AGGREGATE % AGE:
GRADUATION / POST GRADUATION	YEAR: COLLAGE/ UNIVERSITY NAME: SUBJECTS: AGGREGATE % AGE:

CANADA: Unit 207-B, 2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

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THAILAND: Unit 116, 973 President Tower, 10th Floor, Ploenchit Road, Lumpini, Pratumwan, Bangkok 10330

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6) OTHER TESTS TAKEN SCORE	<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> GMAT <input type="checkbox"/> GRE <input type="checkbox"/> SAT I <input type="checkbox"/> SAT II <input type="checkbox"/> OTHER
7) WORK EXPERIENCE (INCLUDE PART TIME WORK)	DATE: EMPLOYED BY: RESPONSIBLY / EXPERIENCE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	DATE: EMPLOYED BY: RESPONSIBLY / EXPERIENCE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	DATE: EMPLOYED BY: RESPONSIBLY / EXPERIENCE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
8) FINANCIAL DETAIL	A: FIXED ASSETS: B: LIQUID ASSETS: C: ANNUAL INCOME (APPLICANT): ANNUAL INCOME (PARENT):



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<p>9) HAVE YOU EVER FILED A STUDY PERMIT TO CANADA OR ANY OTHER COUNTRY?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF <u>REJECTED</u>, PROVIDE FILE NUMBER:</p> <p>DATE OF REJECTION:</p> <p>RESON OF REJECTION:</p>
<p>10) ADDITIONAL INFORMATION</p>	