



Mission: To inspire lifelong learning and leadership through experience, excellence and innovation.
Vision: Transforming the future through innovative learning.
Values: We value learner success, integrity, respect, community, excellence and innovation.

LEADING.
LEARNING.
SINCE 1913.

STUDY PERMIT OR VISA EXTENSION LETTER REQUEST

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is collected under the authority of Section 33(c) of the Act for the administration of study permits or visa extension letters. This information is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (780-853-8524; FOIP@lakelandcollege.ca).

- The student will complete the top portion of the form and then ask their Academic Advisor or Program Chair to complete the bottom portion. The student will either drop off the completed form with the International Student Support Coordinator (Student Services) on their campus or email it to international@lakelandcollege.ca
- Letters will be issued under the most recent registered name.
- Please allow a minimum of five working days for the letter to be completed.
- Extension letters can only be issued if the expiry date of the current study permit or visa is within 120 days of the request.
- Completed letters will be emailed unless otherwise indicated.

For the student to complete:

PERSONAL INFORMATION

Last Name	First Name	Middle Name	LC Student ID#
Former Name	Home Phone #	Other Phone #	D.O.B. YYYY-MM-DD
Email Address			

PROGRAM INFORMATION

Name of Program	Campus Attended	Years of Attendance YYYY-YYYY
-----------------	-----------------	-------------------------------

CURRENT STUDY PERMIT INFORMATION

Expiry Date YYYY-MM-DD

PICK UP A COPY IN STUDENT SERVICES?

Yes No

AUTHORIZATION

Signature	Date
-----------	------

For Academic Advisor or Program Chair only:

PROGRAM INFORMATION

Name of Program	Number of Courses Remaining	Expected Date (Term End) of Completion
-----------------	-----------------------------	--

AUTHORIZATION

Signature	Date
-----------	------