Immigration, Francisation et intégration Ouébec 🖼 🖼

Declaration, commitments and authorizations

This form must be signed to complete an online application for temporary selection for studies.

Akyena, Kwaku

Application number: 1104067

I, the undersigned, declare that the information I submit in the online application for temporary selection for studies is true, complete and accurate.

l understand that the Ministère de l'Immigration, de la Francisation et de l'Intégration may:

verify or have verified by third parties the accuracy of information provided and that if I report to the Ministère, the investigator
or auditor any information that I know or should have known to be false or misleading with regard to an application for
temporary selection, I am committing an infraction of the law and I am subject to a fine.

I understand that the Minister may reject an application, in particuliar:

- when an applicant has not demontrated the veracity of the statements submitted;
- when an applicant has provided, either directly or indirectly, in the five years previous to the review of the application, any false or misleading information or document;
- when the application contain any false or misleading information or document.

I understand that the Minister may cancel the decision with regard to en application for temporary selection if:

- the application contain any false or misleading information or a false or misleading document;
- · the decision was made in error;
- the required conditions for making the favourable decision cease to exist;
- it is in the public interest.

I commit to receiving education for the program or for the level of studies indicated in this application.

I commit to making the studies my principal activity (full time studies) (1).

I agree to maintain, for the duration of my studies in Québec, health and hospitalization insurance (2) for myself and each family member who accompanies me, if any.

I authorize the Ministère de l'Immigration, de la Francisation et de l'Intégration to send to the educational institution where I will pursue my studies the following information relating to my Québec Acceptance Certificate (CAQ) for studies: The CAQ number, its period of validity and the program or intended level of studies.

I authorize the Ministère de l'Immigration, de la Francisation et de l'Intégration to release any information related to the processing of my application for Québec Acceptance Certificate for studies to the following person:

50 old Ashongman st 1, Kwabenya (Greater Accra), 00233, Ghana Signed in WABENYA GHANA on				2002/11/17	
W - 000	(City)	(Country)		(Year / Month / Day)	
Signature of the applicant					
Signature of	parent or guardian	(Also required if the	(Also required if the student is under the age of 17 years at the time of application)		

⁽¹⁾ Temporary workers and members of their family, asylum seekers and members of their family as well as family members of foreign students are exempted from this condition.

⁽²⁾ Students and their family members who benefit from health and hospitalization insurance in Québec under a social security treaty with their country are considered to adhere to this commitment.