



SCHEDULE 8 ECONOMIC CLASSES - CANADIAN EXPERIENCE CLASS

The principal applicant must complete this form.

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our Web site at www.cic.gc.ca

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

1. Your full name

Family Name

Given Name(s)

2. Your date of birth

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Study in Canada

Have you completed a Canadian credential granted by a Canadian post-secondary institution?

☐ No ☐ Yes

4. Work in Canada

Have you previously worked full-time, or full-time equivalent, work?

☐ No ☐ Yes ► Check one box to indicate the period of time:

☐ less than one year
☐ 1 year or more
☐ 2 years or more

5. a) I am a recipient of a Government of Canada scholarship or award that requires that I return to my home country following the completion of the degree.

☐ No
☐ Yes

b) I was a recipient of a Government of Canada scholarship or award that required me to return to my home country following the completion of my degree, but I have satisfied the terms of the scholarship or award.

☐ No
☐ Yes

6. Language

Which will be your first language in Canada?

☐ English
☐ French

Have you taken a test from a designated testing agency to assess your proficiency in English or French?

☐ Yes ► Provide a copy of the test results from the designated agency for speaking, listening, reading and writing.
☐ No

Note: For your application to be eligible for processing, you **must** include the results of your official language proficiency test.

7. Your Education in Canada

Give full details of all post-secondary education (including university, college and apprenticeship training) you have had in Canada.

From	To	Name of Institution	City, Province/Territory	Type of credential granted	Were these part-time or full-time studies?
Y	M	Y	M		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time

Are there any periods of study that included a French or English as a second language component?

☐ No ☐ Yes ► Give details:

<input type="text"/>
<input type="text"/>
<input type="text"/>

8. Your Education in Canada (continued)

Are there any periods of study spent outside of Canada in the completion of a Canadian credential?

☐ No ☐ Yes Give details:

Are you or were you a recipient of one or more of the following bursaries granted by the Government of Canada:

Studies in Canada taken under an award from the Canadian International Development Agency (CIDA)

☐ No ☐ Yes

Studies in Canada taken under an award from the Department of Foreign Affairs and International Trade (DFAIT) programs including:

Canadian Commonwealth Scholarship Program ☐ No ☐ Yes

Government of Canada Awards Program ☐ No ☐ Yes

Canada-China Scholars Exchange Program ☐ No ☐ Yes

Equal Opportunities Scholarship Program, Canada-Chile ☐ No ☐ Yes

Organization of American States Fellowship Program ☐ No ☐ Yes

9. Your Work Experience in Canada

Starting with your current occupation, list your occupations within the 3 years preceding the date of your application. Give for each the appropriate National Occupational Classification (NOC) code the dates, your occupation, the name of your employer, a description of your main duties and your weekly hours. List only occupations that fall in Skill Type 0 or Skill Levels A or B of the NOC.

From			To			Occupation	NOC	Employer	Main duties	Weekly Hours
Y	M	D	Y	M	D					

Were you self-employed during any of the above listed periods?

☐ No ☐ Yes Give details:

Signature	Date	Y	M	D