

**APPLICATION FOR DESIGNATION UNDER THE INTERNATIONAL STUDENT  
PROGRAM  
For Private Institutions**

Instructions to Applicants:

- Print or type all responses
- A separate application is required for each permanent campus
- Use additional sheets of paper if required
- Attach all required forms and supporting documents to the last page of this application
- Application must be signed and returned to:

Manager, Private Training Institutions  
Division of Literacy and Institutional Services  
Department of Advanced Education and Skills  
P. O. Box 8700, St. John's, NL, A1B 4J6  
Telephone: (709) 729-3100  
Fax: (709) 729-0243

**SECTION 1: General Training Institution Information**

**A. Personal Data:**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code	Telephone	E-mail	Fax
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**B. Institution Information:**

Name of Institution: \_\_\_\_\_

Name of Primary Contact for Institution: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Institution Site Address: \_\_\_\_\_

Postal Code	Telephone	E-mail	Fax
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Website Address/URL: \_\_\_\_\_

**C. Business Classification:**

Name of Registered Company: \_\_\_\_\_

☐ Sole Proprietorship
                 
 ☐ Partnership
                 
 ☐ Corporation
                 
 ☐ Franchise

☐ Other: \_\_\_\_\_
**D. Security Information:**

Security Company	Irrevocable Letter of Credit / Bond #	Amount	Date of Issue(y/m/d)
		\$	

**E. Program Information:**

- List all programs that are being offered to International Students. Specific program details must be provided for each program. Attach additional sheets if required.

Program Title	Program Duration in Weeks		Tuition	Books	Supplies	Other (Specify)
	Classroom	Work Term				
1						
2						
3						
4						
5						
6						
7						
8						

**SECTION 2: Information on Applicant(s)/Agent(s)****A. Applicant Information:**

- Provide the contact information for each person in the sole proprietorship/partnership/corporation/or franchise, and position/responsibility in the Private Training Institution.

Name	Address and Contact Telephone Number	Business Relationship	Position in Institution (Responsibility)
		Partner <input type="checkbox"/> Director <input type="checkbox"/>	
		Partner <input type="checkbox"/> Director <input type="checkbox"/>	
		Partner <input type="checkbox"/> Director <input type="checkbox"/>	
		Partner <input type="checkbox"/> Director <input type="checkbox"/>	

- Has the Applicant ever been registered under any other Act that regulates training? (If YES, attach details)? YES ☐ NO ☐
- If non-resident, provide for each agent to be registered, the name, address/contact telephone number, and position/responsibility in the institution. YES ☐ NO ☐

#### B. Signing Authorities/Agents

- Provide the names of individuals responsible for the operational aspects within the training institution. Where necessary, record additional agents and their responsibility on a separate sheet.

Agents to be registered for Operational Aspects	
<input type="checkbox"/> Audited Financial Statement	<input type="checkbox"/> Student Contracts
<input type="checkbox"/> Confirmation and Reporting – CIC	<input type="checkbox"/> Student Records (Academic)
<input type="checkbox"/> Student Refunds	<input type="checkbox"/> Student Records (Financial)
<input type="checkbox"/> Advertising/Marketing/Website	<input type="checkbox"/> Student Complaints
<input type="checkbox"/> Other (please specify)	

### SECTION 3: Institutional Eligibility

**A. Operating for at least three (3) consecutive years**

- Has your training institution been in operation lawfully delivering training programs for a minimum of 3 full calendar years prior to this submission date? YES ☐ NO ☐
  - If yes, please provide income tax statements for the previous three years.

**B. Financial Capacity**

- Does your institution have complete sets of audited statements for its two most recent consecutive years? YES ☐ NO ☐
  - If yes, please provide:
    - Most recent audited statement (no greater than 8 months old)
    - Prior year's audited statement

**C. Adequate Financial Protection**

- Does your institution currently have a trust account for money received from international students? YES ☐ NO ☐
  - If yes, please provide:
    - Confirmation of the trust account from the financial institution where it is held.

An application for designation under the International Student Program cannot be processed without the provision of information related to a trust account.

**SECTION 4: Operational Capability**

**A. Information on Premises**

- Premises are: Owned ☐ Leased ☐ (from: \_\_\_\_\_)
- Description of training facility, including classrooms and study areas, and the extent to which facilities and programs are accessible to persons with special needs. A detailed floor plan is required to be submitted.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Maximum student capacity for the institution? \_\_\_\_\_  
(As per Fire Inspection Certification)
- Square footage: \_\_\_\_\_
- Inventory of equipment used (or to be used) for the delivery of the program(s). Attach additional sheets if required.

Item	Owned	Leased	Quantity
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Item	Owned	Leased	Quantity
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	

- Fire Inspection Certificate of Approval attached YES ☐ NO ☐

Date of inspection: \_\_\_\_\_

- Health Inspection Certificate attached YES ☐ NO ☐

Date of inspection: \_\_\_\_\_

## B. Maintenance of Student Files

An institution must maintain a written or electronically stored record of academic and other information pertaining to a student. This includes records of enrolment, academic assessment, academic progress and program completion along with financial records for each student. Sample templates for the student contract, student transcript, must be submitted to the Department for review as part of this application.

### C. Promotional Activities

An institution's promotional activities must be in compliance with all applicable legislation and requirements (e.g. PTI Act, Consumer Protection and Business Practices Act, the Imagine Education au/in Canada Brand Eligibility Requirements). The advertising must demonstrate an honest ethical approach to recruiting international students and must conform to the guidelines established by the Canadian Code of Advertising Standards. All advertising materials aimed at international recruitment must be submitted to the Department for review.

### D. Quality Assurance

If an educational institution or its programs have not been reviewed and approved through a legislative framework, Advanced Education and Skills may require the institution to obtain accreditation through a third party organization acceptable to the Department. All costs associated with this process are the responsibility of the training institution. This accreditation, if applicable, would then become a condition of designation.

- Has your training institution been reviewed or accredited by a qualified third party for academic and/or institutional quality? YES ☐ NO ☐
- If yes, which one? \_\_\_\_\_

Proof of accreditation must be provided to the Department.

## SECTION 5: Student Support & Protection Mechanisms

### A. Student Contracts

Institutions must provide transparent student contracts, identifying the educational program the student is enrolling in and all associated program fees. Institutions subject to this criterion must submit a sample student contract at the time of application for designation. The contents of student contracts may be verified on premises during a site assessment by AES. Student contracts must provide notice to students that institutions may be required to submit attendance and/or proof of advancing in the program for all international students to the federal government. Such notice shall comply with any applicable privacy legislation requirements.

A copy of the student contract must be submitted to the Department including all items as outlined in the NL Designation Framework for the International Student Program.

### B. Clearly Documented Admission Policies

Clearly documented admissions and academic policies, including policies governing a student's good academic standing at the institution, must be available to international students and prospective international students at all times before, during and after the program of study, (e.g., on the institution website, and/or in the academic calendar). In order to meet these criteria, institutions must submit sample documents at the time of application for designation. The availability and use of these policies will be verified at the time of application, during site assessments where applicable, and at renewal of designation for applicable

institutions.

A copy of the student handbook and all policies outlined in the NL Designation Framework for the International Student Program must be submitted to the department for review.

### **C. Dispute Resolution Process**

Each institution must have a clearly documented student dispute resolution process that is available to current and prospective international students at any time before, during and after the program of study. A copy of this policy must be submitted with the application for designation.

### **D. Transparent Tuition Refund Policy**

Each institution must have a clearly documented tuition-fee refund policy that is available to international students and prospective international students at any time before, during and after the program of study.

### **E. Student Supports**

Institutions must demonstrate they have supports in place to meet the specific needs of international students. All institutions must have a clearly identified person, office or department whose primary function is to provide, coordinate or oversee international student supports. As part of the Application for designation, institutions must demonstrate that they can provide the supports as outlined in the NL Designation Framework for the International Student Program.

## **SECTION 6: Declaration**

The application for Designation under the International Student Program must be signed by the applicant.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION AND IN ITS ATTACHMENTS IS CORRECT AND THAT I HAVE VERIFIED THE INFORMATION SUBMITTED FOR INSTRUCTORS AND DEMONSTRATORS.

I HEREBY CERTIFY THAT I AM ABLE TO COMPLY WITH THE REQUIREMENTS FOR DESIGNATION UNDER THE INTERNATIONAL STUDENT PROGRAM.

I UNDERSTAND THAT INFORMATION PROVIDED TO THE DEPARTMENT OF ADVANCED EDUCATION AND SKILLS WILL BE TREATED AS CONFIDENTIAL SUBJECT TO THE PROVISIONS OF THE FREEDOM OF INFORMATION ACT.

Name of Applicant: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_