



OFF-CAMPUS WORK PERMIT PROGRAM VERIFICATION FORM

IMM
5581
(07-2008)
English

INSTRUCTIONS

Citizenship and Immigration Canada has produced a standardized Verification Form that **must** be completed accurately by the student and the Designated Institutional Representative (DIR) in order to process the student's work permit application. The DIR must sign and date the form and indicate if the student satisfies the program's academic eligibility requirements. Correct completion of this form aids in efficient processing of the application.

For an off-campus work permit application: The DIR should keep a copy of this form on record and return the original to the student to include with his/her work permit application. Parts A and B must be completed.

For a transfer of verification: The former DIR must forward the second page to the student's new institution DIR. Part C must be completed.

SECTION A

1. & 2.	Family name, first name and initials: Full name of the student as shown on an identity document (e.g., passport/travel documents, birth certificate, alien resident card or national ID card).
4.	Student's full mailing address (in Canada): Street, P.O. Box, City, Province and Postal Code.
5.	Name of institution/school: Write the institution's full mailing address, telephone and fax numbers, and e-mail and website addresses (where applicable).
6.	Program of study: Examples include Business, Biology and Nursing.
7.	Level of study: Level refers to College diploma, Bachelor's degree, Master's degree, Doctorate degree and other post-secondary level studies.

SECTION B

8.	Students on a Canadian Commonwealth Scholarship Program or a Government of Canada Awards Program funded by the Department of Foreign Affairs and International Trade (DFAIT), the Equal Opportunity Scholarship Program, Canada-Chile, the Canada-China Scholars Exchanges Program, the Organization of American States Fellowship Program, or are funded by the Canadian International Development Agency (CIDA), or students on exchange programs are not eligible for this program.
9.	Institution verification: For off-campus work permit applications - to be eligible for the off-campus work permit, the student must have studied full time and maintained satisfactory academic standing for at least six months out of the twelve months preceding the request of this form.
10.	DIR must indicate in the verification table provided the months during which the student was studying full-time and the months during which the student was in a Coop placement.

SECTION C To be completed only when a student who has already been issued a Verification Form transfers from one institution to another

11.	Transfer of verification: In the case of a transferring student, the former DIR will forward the Verification Form to the DIR at the new institution. The former DIR must indicate if, since the Verification Form was first issued or since the last annual verification, the student: A. studied full-time in a program of study; and B. maintained satisfactory academic standing
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SECTION D To be completed only when a student has not yet made an application for an off-campus work permit and the student changes educational institution (from a participating institution to another participating institution)

12.	The DIR of the new institution must complete this section. The DIR of the new institution must verify and confirm that the student: A. studied full-time in a program of study; and B. maintained satisfactory academic standing
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Once Sections A and B are completed, this form is valid for only two (2) months.



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OFF-CAMPUS WORK PERMIT PROGRAM VERIFICATION FORM

A - STUDENT INFORMATION (To be completed by the student)

CIC client ID no.

Student ID no. (optional)

1. Family name

2. Given name and initials

3. Date of birth

Day	Month	Year

4. Student's full mailing address (in Canada)

Street and no.	
City	Province
Country	Postal code

5. Name and address of institution/school

Name	
Street and no.	
City	Province
Country	Postal code
Telephone	Fax
Area code () Number	Area code () Number
Email	
WebSite address	

6. Program of study

7. Level of study

B - INSTITUTION VERIFICATION (To be completed by the DIR)

8. Is the student a participant to or recipient of the following programs/award? Yes No

Canadian Commonwealth Scholarship Program or Government of Canada Awards Program funded by the Department of Foreign Affairs and International Trade (DFAIT)

Canadian International Development Agency (CIDA) award

Equal Opportunity Scholarship Program, Canada-Chile, the Canada-China Scholars Exchanges Program, the Organization of American States Fellowship Program Exchange Program

9. For off-campus work permit applications: for at least six months out of the twelve months preceding the request of this form the student:

A. studied **full time** in a program of study other than ESL/FSL

B. maintained **satisfactory academic standing**

As Designated Institutional Representative, I hereby certify that the information provided on this form is accurate and current. I additionally acknowledge that I am responsible for notifying annually the Province/Territory if this student becomes academically ineligible, and I understand that the Province/Territory will notify Citizenship and Immigration Canada.

Name of Designated Institutional Representative (Please print)

Signature

Institution

Date

Day	Month	Year

Institution's official seal/stamp

B - INSTITUTION VERIFICATION (To be completed by the DIR) (continued)

10. Indicate the months during which the student was studying full-time and the months during which the student was a Coop placement

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
STUDYING FULL-TIME												
WORK PLACEMENT												

C - TRANSFER OF VERIFICATION

FORMER INSTITUTION OF STUDY (To be completed by the former DIR)

11. Since the Verification Form was first issued or since the last annual verification, the student:
- Yes No
- A. studied **full-time** in a program of study other than ESL/FSL
- B. maintained **satisfactory academic standing**

As Designated Institutional Representative, I hereby certify that the information provided on this form is accurate and current. As requested by the student, I am forwarding this Verification Form to the new institution. I hereby transfer to that institution the responsibility of notifying annually the Province/Territory if this student becomes academically ineligible, and I understand that the Province/Territory will notify Citizenship and Immigration Canada.

Student's transfer date

Day	Month	Year
_	_	_ _

Name of Designated Institutional Representative (Please print)

Signature

Institution

Date

Day	Month	Year
_	_	_ _

Former institution's official seal/stamp

TRANSFER TO: (To be completed by the student)

Name of Designated Institutional Representative (Please print)

Name and address of institution/school

Name	
Street and no.	
City	Province
Country	Postal code

D - ELIGIBILITY TRANSFER (Student who have not yet made an off-campus work permit application and are transferring from a participating institution to another participating institution).

FORMER INSTITUTION OF STUDY (To be completed by the new DIR)

12. The student:
- Yes No
- A. studied **full-time** in a program of study other than ESL/FSL
- B. maintained **satisfactory academic standing**

As Designated Institutional Representative, I hereby certify that the information provided on this form is accurate and current.

Transfer date

Day	Month	Year
_	_	_ _

Name of new Designated Institutional Representative (Please print)

Signature

Institution

Date

Day	Month	Year
_	_	_ _

TRANSFER FROM: (To be completed by the student)

Name of former Designated Institutional Representative (Please print)

Name and address of former institution/school

Name	
Street and no.	
City	Province
Country	Postal code

Program of study

Level of study