

SWORN STATEMENT

WORK PHONE: () _____

Student ID: _____

Last Name: _____

Given Name: _____

PETITIONER: _____

ADDRESS: _____

CITY/PROVINCE: _____

POSTAL CODE: _____

HOME PHONE: () _____

Concordia University
Enrolment Services, FB 900
(Provincial Residency)
1455 Boulevard de Maisonneuve W.
Montréal, Québec
H3G 1M8

I, _____ born on _____
Full name (given name, family name and married name if applicable)

_____ in _____
Day, Month, Year Place of birth (city/town, country)

swear that from _____ to _____,
Day, Month, Year Day, Month, Year

I did not pursue full-time credit studies at an educational institution in Québec.

I am aware that by making this statement that I give Concordia University and their agents the authority to confirm this statement to be true with the Ministère de l'Éducation et de l'Enseignement supérieur (MEES).

I declare that the statement in this document is true, accurate and complete. I understand that I am subject to the Canada Evidence Act by making this declaration under oath. Any false declaration carries legal recourse and will result in the non-Québec resident tuition fees being charged back to my student account. _____ Initials

Witnessed in _____ on _____
City/town, country

DATE: _____

SIGNATURE COMMISSIONER OF OATHS

PETITIONER'S

