

Complete, sign and return a hardcopy of this form to:

Attn: Markus Vuorensola  
University of Alberta International  
142 Telus International Centre  
87 Avenue and 111 Street  
T6G 2R1 Edmonton Alberta

**Declaration and Signature**

I certify that the information submitted on my Education Abroad Group Award/CAGFIL application form is complete and accurate, and I authorize the collection of this information for the purpose of administering the Education Abroad Group Award/CAGFIL competition.

I further understand that information on the form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure contact University of Alberta International at 780-492-3600 or see [www.ualberta.ca/FOIPP](http://www.ualberta.ca/FOIPP).

Applicant Name:  
(please print)

\_\_\_\_\_ Date: \_\_\_\_\_

Signature:

\_\_\_\_\_