



Canadian Bureau for
International Education
Bureau canadien de
l'éducation internationale

CONTACT INFORMATION

NAME: _____ CBIE STUDENT NUMBER: _____

CURRENT INSTITUTION: _____

DEGREE LEVEL and PROGRAM: _____

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS: Temporary* Permanent

STREET ADDRESS: _____ APARTMENT#: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL Code: _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

DATE OF MOVE TO THIS NEW ADDRESS: _____

***PLEASE NOTE THE FOLLOWING REMINDERS:**

- Temporary Address is defined as an address where you will be staying in for at least three months.
- You must inform CBIE of any changes to your address or telephone number immediately, so that we have accurate information about you and to ensure timely correspondence.
- CBIE will regularly communicate important information regarding scholarship rules, regulations and academic matters with you by email. It is important that the e-mail address you provide is for an account that you check regularly.

Student Signature

Date

PLEASE RETURN THE COMPLETED FORM TO:

- For new students in Canada: nominee.ca@cbie.ca
- For current/continuing students in Canada: insurance.ca@cbie.ca
- For new students in the US: Nominee.us@cbie.ca
- For current/continuing students in the US: insurance.us@cbie.ca

PLEASE PROVIDE US WITH AN EMERGENCY CONTACT (Optional)

NAME: _____ PHONE NUMBER: _____