



CAYMAN ISLANDS CUSTOMS AND BORDER CONTROL LAW

APPLICATION FOR A STUDENT VISA

An application for the grant of a Student Visa should be sent to Director of Customs and Border Control, Customs and Border Control Services, P.O Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER.

NOTES: (i) This form should be completed by all persons wishing to enter the Cayman Islands for the purpose of study. Please ensure that you have read the accompanying information sheet before completing this form. (ii) The form must be completed fully (even if the answer is in the negative) and in BLOCK LETTERS. An incomplete or illegible application will not be processed and will be returned to the applicant.

APPLICATION FORM CONTAINS 3 PAGES

1. Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____

2. Nationality _____ Place of Birth _____ Date of Birth _____ Sex: Male Female

3. Marital Status Single Married Divorced Widowed Separated

4. Passport number _____ Place of Issue _____ Date Issued _____ Expiry Date _____

5. Mailing address: _____
PO Box _____ District/City _____ Country _____ Postal Code _____

(i). Physical address: _____
House/Apartment # _____ Street Name _____ District/City _____ Country _____

(ii) Telephone (Landline): _____ (iii) Telephone (Mobile): _____ (iv) Email Address: _____

6. Why do you wish to study in the Cayman Islands? **Obtain Degree**

7. Name of educational establishment where you wish to study **St. Matthew's University**

8. Have you been accepted by this educational establishment? Yes No

9. Title of proposed course of study **St. Matthew's University medical/veterinary degree program**

(i) Duration of proposed course of study **Three years** (ii) How many hours of classroom study per week will you be required to undertake? **30**

(iii) When does the course begin? _____ (iv) When does the course end? _____

10. How long do you propose to remain in the Cayman Islands? **Three years**

11. Do you intend to leave the Cayman Islands at the end of the period of study? Yes No

12. Do you wish to be accompanied by dependant(s) whilst studying in the Cayman Islands? Yes No

If so, please provide details:

Name	Date of Birth D/M/Y	Nationality	Relationship	Country of Residence



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13. Please provide details of how your study and stay in the Islands is being funded? Family Resources and/or loan

14. Have you or any of your dependants accompanying you ever been convicted of a crime or sentenced to any term of imprisonment? Yes No

If Yes, please provide details:

Two empty text input fields for providing details.

15. Do you or any of your dependants accompanying you suffer from any disease or infirmity of mind and body? Yes No

If Yes, please provide details:

Two empty text input fields for providing details.

16. Where will you and any accompanying dependant(s) reside whilst in the Cayman Islands?

17. How much does this accommodation cost per month (including utilities)?

18. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in your reply to question 5a?

Table with 3 columns: From, To, Address. Contains 4 empty rows for data entry.

19. Please provide the details the the last educational institution you attended.

Table with 5 columns: From, To, Course/Qualification, Name of Institution, Address of Institution. Contains 1 empty row for data entry.

20. Are you a native English speaker? Yes No

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and am aware that it is a criminal offence to make a statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature of prospective student

Date