



CAYMAN ISLANDS CUSTOMS AND BORDER CONTROL ACT

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 898, Grand Cayman KY1-1103, 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? _____

7. Name of educational establishment where you wish to study _____

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

9. Title of proposed course of study _____

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

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

10. How long do you propose to remain in the Cayman Islands? _____

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? _____

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:

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:

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?

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

From	To	Course/Qualification	Name of Institution	Address of Institution
_____	_____	_____	_____	_____

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 _____