



SOLOMON ISLANDS GOVERNMENT
IMMIGRATION DIVISION
MINISTRY OF COMMERCE INDUSTRIES LABOUR AND IMMIGRATION

APPLICATION FOR A STUDENT VISA

Form 10 (Regulation 56)

NOTE: This application attracts a fee of SBD\$500 if the application is made in the Solomon Islands. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed .A further fee of SBD\$700 applies to the granting of the visa and liability to pay this fee will be notified to the applicant if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach
Photograph
Here

If the applicant is under the age of 18, evidence of appropriate care arrangements must be provided along with evidence that their entry will not breach the rights of any other person entitled to lawful custody of the applicant.

Applications must be accompanied by a completed Student Nomination Form duly completed by the educational institution.

If the information provided in this application is subsequently found to be false and misleading then the applicant and/or the educational institution will be subject to prosecution and could face a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months under section 62 of the Migration Act 2012.

Full Name (as shown in passport):

Sex: Male Female Marital Status: Never Married Married Divorced/Separated Widowed

Date of Birth:/...../..... Place of Birth:

Nationality: Occupation:

Passport Number: Place of Issue:

Date of Issue:/...../20.... Date of Expiry:/...../20.....

Date of Arrival in the Solomon Islands/...../20.....

Do you have any relatives, contacts or friends in the Solomon Islands: No Yes (please provide details):

Name	Relationship	Address
.....
.....

Please provide the following details about the educational institution that you will be attending:

Name of the institution:

Address of the institution:

Course you are proposing to study:

Duration of the course: Years Months Days, or completion on following date/...../20.....

(Note: For the purpose of section 22(c) of the Migration Act 2012 the stay in the Solomon Islands for a student visa will be a period not more than one month longer than the expected duration of the course.)

What certificate/qualification will be obtained at the end of the course:

Educational background (where appropriate your previous primary and secondary schooling, tertiary courses and trade training):

Educational institution	Course	Dates attended
...../...../.....
...../...../.....
...../...../.....
...../...../.....

Address while in the Solomon Islands:

How will you finance your stay: Own Finances (please provide evidence) Other (please give details):

Name	Relationship	Address
.....

If under the age of 18, please provide details of the person who will be responsible for your welfare whilst in the Solomon Islands:

Name	Relationship	Address
.....

Have you previously travelled to the Solomon Islands: No Yes (please provide details of last two visits):

Date of Arrival	Date of Departure	Purpose of Trip
...../...../...../...../.....
...../...../...../...../.....

Have you ever been convicted of a criminal offence, refused entry, deported or required to depart any country: No Yes

If Yes please provide details:

Have you been diagnosed or treated for a public health risk such as tuberculosis: No Yes

If Yes please provide details:

NOTE: Employment is prohibited under this visa.

Holders of a student visa must only participate in the course approved in the Student Nomination Form. If they wish to change courses or progress to a new level of educational institution (for example from secondary school to university), a new Student Nomination Form and application is required.

I declare that the information provided in this application is true and correct.

.....
Signature of Applicant

...../...../20....
Date

FOR OFFICAL USE ONLY

Date and Time Received:/...../20.... ..

Received from:

Received by:

Records check undertaken: Yes Date/...../20.... Signature:

Evidence of appropriate care arrangements for applicants under 18 sighted: Yes Date/...../20....

Signature:

Student Nomination Form attached: Yes Date approved/...../20....

Decision: Accept Declined (for the following reasons):

.....
.....
.....

Visa Details:

Date of Issue:/...../20.... Valid to:/...../20.... orDays

Additional remarks

.....

...../...../20....

Officers signature

Date