



Application for an Electronic Travel Authorization (eTA)

Complete the application form

Before you submit an application, review it carefully. Make sure it is complete and accurate.

Entering incorrect information could lead to a delay or even a refusal of an eTA application and/or prevent the applicant from boarding their flight.

This form is available in English and French only. To help you better understand this form, descriptions of each of the form fields are available in the following languages: [Arabic](#), [Bulgarian](#), [Chinese \(simplified\)](#), [Chinese \(traditional\)](#), [Dutch](#), [English](#), [French](#), [German](#), [Greek](#), [Hungarian](#), [Italian](#), [Japanese](#), [Korean](#), [Polish](#), [Portuguese](#), [Portuguese \(Brazilian\)](#), [Romanian](#), [Spanish](#).

*** What travel document do you plan to use to travel to Canada? (required) ?**

Passport - ordinary/regular

*** Select the code that matches the one on your passport. (required) ?**

Find this code on your passport information page - see the field named "Code", "Issuing country", "Authority" or "Country code".

FRA (France)

*** What is the nationality noted on this passport? (required) ?**

See ["Nationality"](#) on your passport information page

France

Passport details of applicant

*** Passport number (required) ?**

Enter the [passport number](#) exactly as it appears on the passport information page.

HHHHHHH

*** Passport number (re-enter) (required)**

You cannot copy and paste into this field.

HHHHHHH

*** Surname(s) / last name(s) (required) ?**

Please enter exactly as shown on your passport or identity document.

Surnames

Given name(s) / first name(s)

Please enter exactly as shown on your passport or identity document.

Given Names

*** Date of birth (required)**

1995

January

01

*** Gender (required)**

Female

* Country/territory of birth (required)

France

* City/town of birth (required)

If there is no city/town/village on your passport, enter the name of the city/town/village where you were born.

France

* Date of issue of passport (required) ?

2024

January

01

* Date of expiry of passport (required) ?

2034

January

02

Personal details of applicant

Additional nationalities

Indicate which countries/territories you are a citizen of.

Country/territory	Action
Please select	<div>+ Insert Row</div>
France	

* Marital status (required) ?

Never Married/Single

* Have you ever applied for or obtained a visa, an eTA or a permit to visit, live, work or study in Canada? (required)

No

Employment information

* Occupation (required)

Select the option that best describes your current employment situation.

Student

* Name of employer or school, as appropriate. (required)

Home Institution Name

* Country/territory (required)

France

* City/town (required)

City

* Since what year? (required)

2021

Contact information

* Preferred language to contact you (required)

English

* Email address (required)

Please enter a valid email address. It will be used to contact you about your application.

email@email.com

* Email address (re-enter) (required)

You cannot copy and paste into this field.

email@email.com

Residential address

Enter your permanent home address. Do not enter an address where you live temporarily.

Apartment/unit number (if applicable)

* Street/civic number or house name (required)

302

* Street address/name (required)

Street Name

Street address/name line 2 (if applicable)

* City/town (required)

City

* Country/territory (required)

France

District/region

Region

Travel information

* Do you know when you will travel to Canada? (required)

This information may help us to process your application. If you do not know when you will travel to Canada, please select "no".

No

Background Questions

* Have you ever been refused a visa or permit, denied entry to, or ordered to leave Canada or any other country/territory? (required)

No

*** Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country/territory? (required)**

No



*** In the past two years, were you diagnosed with tuberculosis or have you been in close contact with a person with tuberculosis? (required)**

No



*** Do you have one of these conditions? (required)**

None of the above



Please briefly indicate if there are additional details pertinent to your application. For example, an urgent need to travel to Canada. Provide relevant details to avoid delays in the processing of your application.

I am an inbound exchange student attending Trent University in Ontario Canada. I have been admitted for one academic term (January to April 2026). After my short-term exchange at Trent, I will return to my home institution NAME in COUNTRY/TERRITORY.

Privacy notice

Personal information provided on this form is collected and will be used, disclosed, and retained by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility.

The personal information collected on an application, and other information collected in support of an application, may be used for advanced analytics, automation, and other technologies to support processing of applications and decision making, including your application. Personal information, including from advanced analytics, automation, and other technologies, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate, or prosecute an offence under any law of Canada or a Province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - [IRCC PPU 068](#).

Consent and declaration

Declaration of applicant

I have read and understand the above.

I declare that the information I have given in this application is truthful, complete and correct.

I understand that any false statements or concealment of a material fact may result in my inadmissibility to Canada and may be grounds for my prosecution or removal.

I also understand that should I be found to be inadmissible for misrepresentation under section 40 of the Immigration and Refugee Protection Act, I may be ineligible to apply to certain IRCC programs for a period of five years following a final determination of my inadmissibility or, if this determination is made in Canada, following my removal from Canada.

I agree that by typing my name and clicking sign, I am electronically signing my application.

*** I Agree (required)**


☒ I Agree

*** Signature of applicant (required)**

To sign, enter your name as it appears on your passport.

NAME AS IT APPEARS ON YOUR PASSPORT

 Previous

Proceed to Payment 

Date modified:

2025-09-19