

THIS AMENDING AGREEMENT effective as of the date it is signed by the Ministry.

B E T W E E N : **HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO** as
represented by the Minister of Training, Colleges and Universities

(the "**Ministry**")

- and -

Print Legal Name of Institution

(the "**Institution**")

WHEREAS the Ministry and the Institution entered into an agreement that will expire on December 31, 2015 setting out the terms and conditions with which the Institution must comply in order to be designated and remain designated by the Ministry for the purposes of the International Student Program, the program governing the issuance of student permits by Canada to international students wishing to attend or attending a postsecondary educational institution in Canada, and the designation of such institutions in the provinces and territories in Canada for this purpose (the "**Agreement**"); and

WHEREAS the Parties wish to amend the Agreement in the manner set out in this Amending Agreement.

IN CONSIDERATION of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. Section 2.1 of the Agreement is deleted and replaced with the following:

The Agreement shall commence on the Effective Date and shall remain in effect until January 31, 2016 unless it is terminated earlier by either Party.

All other terms and conditions of the Agreement remain unchanged and in full force and effect.

Each party acknowledges that it has read this Amending Agreement, understands it and agrees to it. Each party states that it has the full power and authority to enter into and perform the Amending Agreement and the person signing on behalf of each party is properly authorized and empowered to sign and bind the party.

The Ministry and the Institution have executed this Amending Agreement on the dates set out below.

**HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Training, Colleges and
Universities**

Name:

Date

Title:

PRINT LEGAL NAME OF INSTITUTION

Name:

Date

Title:

I have authority to bind the Institution.