

General information

Decisions that qualify for an administrative review

A person who feels he or she has been wronged by a decision rendered by an official of the Ministère de l'Immigration, de la Diversité et de l'Inclusion (the Ministère) may request an administrative review in the following instances:

- refusal of an application for temporary selection of a foreign national under the Foreign Student Program;
- refusal of an application for temporary selection of a foreign national under the Temporary Stay for Medical Treatment Program;
- refusal of an undertaking application by a non-profit organization for a foreign national in the humanitarian immigration category under the Program for Refugees Abroad (Collective Sponsorship);
- refusal of an application for validation of a job offer under the Regular Skilled Worker Program;
- refusal of an application for permanent selection of a foreign national in the economic immigration category under one of the following programs:
 - Regular Skilled Worker Program
 - Investor Program
 - Self-Employed Worker Program
 - Entrepreneur Program
 - Programme de l'expérience québécoise (Québec experience program)
- decisions rendered under paragraphs 1 to 4 of Section 57 of the *Québec Immigration Act* (a decision to reject).

Notwithstanding the above, the rejection or refusal of a request based on the condition or criterion related to spoken French cannot serve as the basis for an administrative review.

Steps to follow

Carefully read the general information below before completing the form.

The request must be submitted in writing to the Service de réexamen administratif within **90 calendar days of the date of the contested decision**. The first day is not included in this calculation.

However, a request submitted outside this timeframe may be deemed receivable. It is up to the person who submitted the request for an administrative review to justify the delay and to demonstrate due diligence and that it was not possible to act earlier.

Make sure to date and sign the form, and, if applicable, to include a photocopy of the documents supporting your request for a review that have not already been submitted to the Ministère.

Send your request to the following address:

Service de réexamen administratif
Ministère de l'Immigration, de la Diversité et de l'Inclusion
285, rue Notre-Dame Ouest, 4^e étage
Montréal (Québec) H2Y 1T8
CANADA

Power of attorney and authorization to divulge information

If you would like someone to **represent you before the Ministère**, your request must include the form ***Power of attorney - Mandate*** (A-0525-AA), signed by you and by this person.

If the person **representing you is not a member of the Barreau du Québec or the Chambre des notaires du Québec**, you must provide a ***special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec***.

If you would like **another person** to communicate with the Ministère in order to **obtain information on your behalf**, you must provide the ***Authorization to communicate personal information*** (form A-0527-DA).

Courtesy translation

Form

Complete all of the sections on the form by referring to the General information pages, as needed. If you do not have enough space, use a separate sheet of paper and indicate the number of the corresponding section.

Indicate your family name(s) and first name(s) in block letters as they appear on your passport.

► **1. Information on your identity**

Sex Female Male

Family name at birth First name(s)

Family name after marriage (if applicable) Other family names that you use or under which you are known (if applicable)

File no.

If this address is not directly linked to you, indicate the name of the person residing there.

► **2. Mailing address**

Number Street Apartment City

Province or state Postal code Country or territory

Telephone E-mail

Family name and first name(s) of the person Relationship with this person

To facilitate the processing of your request, include a copy of the decision, if possible.

► **3. Decision**

Indicate the date of the decision you are contesting.

Date (year/month/day)

Indicate all relevant factual and legal arguments and include any elements of proof to support them, if applicable. If necessary, append additional pages

► **4. Reasons for the request for a review**

Reasons

Reasons for the request for a review (continued)

Lined area for providing reasons for the request for a review.

Signature

Signature line

Date (year/month/day)