

**ONTARIO VISITING GRADUATE STUDENT APPLICATION**

Last name, First name		Student number at home University	
Address			
Postal Code		Date of Birth	
Telephone number		Previous Family name	
Home University		Home Department	
Degree Program		Email	

I hereby request permission to take the following courses required for my degree at

Host University \_\_\_\_\_ Host Dept. \_\_\_\_\_

for the period from \_\_\_\_\_ to \_\_\_\_\_ of the year \_\_\_\_\_.

Course Code Number	Title	Weight		Term(s)		
		Half	Full	Fall	Winter	Spring

Dates of previous registration at host university \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Internal recommendations:**

Approvals (in sequence of number)

1. \_\_\_\_\_ Date \_\_\_\_\_  
Home University Department Chair

2. \_\_\_\_\_ Date \_\_\_\_\_  
Home University Graduate Dean/Director

3. \_\_\_\_\_ Date \_\_\_\_\_  
Host University Department Chair

4. \_\_\_\_\_ Date \_\_\_\_\_  
Host University Graduate Dean/Director

On signing approval, Home University sends copy to Host University and Student. Each University sends copies to department Chair, Registrar & Accounts Office.

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