

### 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 Graduate Coordinator

2. \_\_\_\_\_ Date \_\_\_\_\_

Home University Graduate Dean/Director

3. \_\_\_\_\_ Date \_\_\_\_\_

Host University Graduate Coordinator

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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