ONTARIO VISITING GRADUATE STUDENT APPLICATION

(Type or print clearly)

_____
_____
_____ _____
Name and Address (in full) Number at Home Univ.

_____
Postal Code

_____ _____
Area code Telephone No. Email

_____ _____
Date of Birth Previous Family name

Home University _____ Home Dept. _____ Degree program _____

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 _____.
(month) (month)

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

3. _____ Date_____
   Host University Department Chair

4. _____ Date_____
   Host University Graduate Dean

On signing approval, Home University Graduate Dean sends copy to Host Graduate Dean and Student. Each Dean sends copies to department Chair, Registrar & Accounts Office. After the student has enrolled and after the term enrolment report data the host university Accounts Office is requested to send invoice to:

_____
_____
_____

(please turn over)