
VISITING GRADUATE STUDENT APPLICATION

Personal Data - Please print or type

Title _____ Name _____

Date of Birth _____

Street Address _____

City/Province _____ Postal Code _____

Home Telephone _____ Social Insurance Number _____

Citizenship Canadian Landed Immigrant Other, please specify _____

Email: _____

ID # at home institution _____

I request permission to take the following courses for degree credit at the host institution:

<i>Course Number</i>	<i>Course Title</i>	<i>Term/Year</i>

Student's Signature _____ Date _____

Home Institution Approval

1. _____
Department Chairman or Director Date

2. _____
Dean of Graduate Studies Date

Host Institution Approval

3. _____
Department Chairman or Director Date

4. _____
Dean of Graduate Studies Date