

University of Alberta
Athabasca University
Brandon University
University of British Columbia
British Columbia Institute of Technology

University of Calgary
Concordia University College of Alberta
University of Lethbridge
University of Manitoba
University of Northern British Columbia

University of Saskatchewan
Simon Fraser University
University of Regina
Royal Roads University
University of Victoria

WESTERN DEANS' AGREEMENT: AUTHORIZATION AND COURSE REGISTRATION

Students: Please note that this form must be submitted and all approvals must be obtained well in advance of the start date of the course(s) you plan to take. Check the deadlines of the host institution. If this form is not received and approved in time, you may not receive permission to take the course(s).

Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Male	Date of Birth (YY/MM/DD)	
			<input type="checkbox"/> Female		
Country of Citizenship:		Immigration Status:			
Current Address:		Telephone Number:			
		E-mail Address:			
Name of Home Institution:		Student Number at Home Institution:			
Name of Department at Home Institution:		Degree Expected:	Expected completion date:		
Name of Host Institution:					
Have you ever attended the Host Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what was your Student Number there?		
<p><i>This information is collected under the authority of the provincial Universities Act, which mandates the provision of programs and services, the Freedom of Information and Protection of Privacy (FOIP) Act, the Taxation Act (Canada), and the Statistics Act (Canada). It is required to determine an applicant's eligibility for admission, to register the applicant in courses, and to assess fees. If admitted, this information will become part of the student's record and will be disclosed to relevant academic and administrative units on campus. Specific data elements will be disclosed to the Federal and Provincial governments to meet reporting requirements. For more information on the uses and disclosure of this information, contact the Administrator of the Faculty of Graduate Studies at the relevant university.</i></p>					
<p>I hereby accept and agree to abide by the statutes, rules, and regulations of the host institution while attending as a registered student under the terms of the Western Deans' Agreement.</p>					
Signature of Applicant:			Date:		
Courses to be taken:					
Department	Course & Course Number	(Dept. Use Only) Section & Catalogue Number	Course Title	Credit/Weight	Term
<p>1. Students are subject to regulations of the home institution governing credit for the courses to be taken. As a condition of registration at the institution designated above, students will provide the home institution with official transcripts from the host institution after completion of courses.</p> <p>2. Deadlines in effect at both the home and host institutions must be observed.</p> <p>3. Students must send confirmation of registration and notice of any change to the Faculty of Graduate Studies of the home institution at the time registration or course change is completed.</p> <p>4. The host institution will not assess tuition fees but students may be required to pay student, activity, application, or other ancillary fees to the host institution, according to general policies in effect at the host institution. This form, duly signed, will be the sole authority for this fee waiver. No other documentation is required.</p>					

AUTHORIZATION SIGNATURES

This form will not be processed without all four signatures, obtained in the order 1 to 4.

The student named above is in good standing (including current fees paid) in a graduate degree program and has permission to take the courses listed above for degree credit as a Visiting Student under the provisions of the Western Deans' Agreement at (Host Institution) _____ during the period _____

Home Institution

<p>1. Department/Graduate Program Approval Name (print): _____ Date: _____ Signature: _____</p>	<p>2. Faculty of Graduate Studies Approval Name (print): _____ Date: _____ Signature: _____</p>
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Host Institution

<p>3. Department/Graduate Program Approval Name (print): _____ Date: _____ Signature: _____</p>	<p>4. Faculty of Graduate Studies Approval Name (print): _____ Date: _____ Signature: _____</p>
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The Faculty of Graduate Studies of the Host Institution will send a copy of the completed form to the Faculty of Graduate Studies of the Home Institution and to the Department/Graduate Program of the Host Institution for distribution to the appropriate people. 25 February 2007