Office of the Dean and Vice-Provost Student Academic Services

Date (yyyy/mm/dd)

Student Academic Services grad.ubc.ca | graduate.sas@ubc.ca

GRADUATE EXCHANGE AGREEMENT: AUTHORIZATION AND COURSE REGISTRATION

McGill University / University of British Columbia / University of Montreal / University of Toronto

| STUDENT INFORMATION: | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|---------------------|--------------------|--|
| Given Name: | | Family Nam | Family Name: | | Date of Birth: (yyyy/mm/dd) | | | |
| Telephone: | | E-mail Addr | E-mail Address: | | Sex: M | | | |
| Address: | | City, Prov: | Prov: Postal Code: | | | | | |
| Home Institution: Home Grad | | | uate Program: | Stude | Student Number at Home Institution: | | | |
| Degree Expected: Expected C | | | ompletion Date: | Immi | Immigration Status: | | | |
| Host Institution: | | | Coun | Country of Citizenship: | | | | |
| Have you ever attended the Host | No 🗌 | If so, | If so, what was your student number?: | | | | | |
| Please see http://www.grad.ubc.ca/pro I hereby accept and agree to abide by texchange Agreement. Signature of Applicant: | | | | as a registered | | J | J | |
| Courses to be Taken: | | For Dep | or Department Use Only | | | | | |
| Department | Course | Course Title | Course Title | | Term | Section | Catalogue | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Deadlines in effect at both t Students must send confirm registration or course chang The host institution will not No other documentation is in The student named above is in go | he home and ho ation of registra e is completed. assess tuition fe equired. od standing (inc | est institutions must ition and notice of a es, but student acti cluding current fees | ranscripts from the host institution of the observed. any change to the Administrative Official ivity fees may be charged. This form, paid) in a graduate degree program, Exchange Agreement between McGill | ce of Graduate duly signed, wil and has permis | Studies of the half be the sole audies is significant to take the | thority for this tu | lition fee waiver. | |
| (Host Institution) | | | during the period of | | | | | |
| Authorization Signatures: For HOME INSTITUTION: 1) Approval of Graduate Advisor: | m will not be | processed withou | ut <u>all</u> four signatures, obtained ir | the order 1 | to 4. | | | |
| Signature 2) Approval of Office of the Dean of Graduate Studies: | | | Name (please print) | | | Dat | Date (yyyy/mm/dd) | |
| Signature | | | Name (please print) | | | Dat | e (yyyy/mm/dd) | |
| HOST INSTITUTION: | | | | | | | | |
| 3) Approval of Graduate Advisor o | r Head of Dep | artment: | | | | | | |
| Signature 4) Approval of Office of the Dean of Graduate Studies: | | | Name (please print) | | | Dat | Date (yyyy/mm/dd) | |

The Administrative Office of Graduate Studies of the Host Institution will send a copy of the completed form to the Administrative Office of Graduate Studies of the Home Institution and to the Graduate Program of the Host Institution for distribution to the appropriate people.

Name (please print)