



Exchange Application and Authorization

(Please type or print)

Last Name	First Name	Middle Name(s)	UCID (if appropriate)
Current Mailing Address			
Telephone:	Fax:	E-mail:	
Date of Birth (Year/Month/Day)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	
Home Institution:		Home Institution Address:	
Home Institution Student Number	Home Institution Department	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Alberta Student Number (if appropriate)
Current Program of Study (Master's or Doctoral)		Have you attended the Host Institution before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your student number there?	

Courses or Research to be Undertaken

Department	Course Number	Course Title	Credits	Term	U of C Course Replacement*

* For University of Calgary students – indicate the University of Calgary course number of the equivalent University of Calgary course.

Brief description of research plans, if appropriate:

1. Students are subject to the regulations of the home and host institutions governing credit for the courses to be taken.
2. Deadlines in effect at both the home and host institutions must be observed.
3. Students must send confirmation of registration and notice of any change to the office of the Dean of Graduate Studies of the home institution at the time registration or course change is completed.
4. The host institution will assess no tuition fees but student activity fees may be charged. This form, duly signed, will be the sole authority for this fee waiver. No other documentation is required.
5. It is the student's responsibility to provide the home institution with official transcripts from the host institution upon completion of courses.

This information is collected under the authority of the Universities Act, the Freedom of Information and Protection of Privacy Act (FOIP), the Statistics Act (Canada) and the Taxation Act (Canada). It is required to determine an applicant's eligibility for admission, to register the applicant in a program and 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 and to the Graduate Students' Association in accordance with the affiliation agreement. Applicants should note that the following information is defined as the student's public record: name, dates of registration and convocation, faculty of registration and degree awarded. All other data is considered confidential and will be used and disclosed in accordance with privacy legislation. For information on the uses and disclosures of information, refer to the University of Calgary Calendar. Questions may be directed to the FOIP Advisor, Faculty of Graduate Studies (403) 220-5417.

Signature of Applicant	Date
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Applicant Name:

UCID (if appropriate):

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 on the first page of this form for degree credit as an Exchange Student at:

Host Institution:

during the period of (exact dates):

under the provision of (Agreement name):

Authorization Signatures

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

Home Institution

1. Departmental Approval	2. Faculty of Graduate Studies Approval
Name (printed):	Name (printed):
Date:	Date:
Signature:	Signature:

Host Institution

3. Departmental Approval	4. Faculty of Graduate Studies Approval
Name (printed):	Name (printed):
Date:	Date:
Signature:	Signature:

Fee Assessment

Term	Tuition	Differential	Distance Course Fees	Extra to Program	Audit	GSA	UPASS	Campus Recreation	Athletics	Registration	Bursary	Insurance	Late Registration