

## **Ontario Visiting Graduate Student Application**

First Name			Street Address			
Last Name			City or Town			Prov.
Previous Last Name (if applicable)			Postal Code		Country	
Date of Birth University email address			Telephone			
			I.D. Number at Home University			
Home University		Home Department			Home Degree	
I hereby request perm	ission to take the	following courses	required for my d	legree :	at	
			r the period from to			(host university)
in(ho:	st department)	101	the period from _	(mont	th) (m	onth) (year)
Course Code Number		Title		Half Credit or Full Credit		Terms (Fall, Winter, or Summer)
Internal Comments:						
Approvals (in sequence	e of number).					
	o or manipory.					
1 Home University			Department Chair			Date
2. Home University			Graduate Dean			Date
3 Host University			Department Chair			 Date
4 Host University			Graduate Dean			 Date

Once signed, the Host University Graduate Dean sends a copy of this form to the Home Graduate Dean and the Student.

After the student has enroled and after the term enrolment report date, the host university Accounts Office is requested to send the invoice to the Graduate Services Coordinator in the Faculty of Graduate and Postdoctoral Affairs at Carleton University.

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate and Postdoctoral Affairs, 512 Tory Building, 613-520-2525. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.