Carleton UNIVERSITY
Canada's Capital University

International Exchange Program
Approval Form for Outgoing Graduate Students

Name of Student: **Student ID:**

Department: **Host University/Exchange Program:**

Term of Study Abroad: ☐ Fall 2019/Winter 2020 ☐ Fall 2019 ☐ Winter 2020 ☐ Summer 2020

Course Number	Course Title	Term Offered	Approved	Equivalent Carleton Credit Value (.25, .5, 1.0)

Additional Comments: (Please note that this form is returned to the student)

1. Faculty Advisor (name):

I hereby declare that the above-mentioned student has been given approval to register in the course(s) listed above abroad. If successfully complete credit will be given toward the student's Carleton degree program.

Signature) _____ **Date:**

2. Department Administrator (name):

I hereby declare that I have reviewed the form and will forward transcripts once received.

Signature _____ **Date:**

3. Exchange Program Coordinator (name):

I hereby declare that the above-mentioned student has been approved to participate in the above listed exchange.

Signature _____ **Date:**

Once signatures 1-3 have been obtained, the form should be sent to the Faculty of Graduate and Postdoctoral Affairs, Room 512, Tory Building.

INTERNAL USE ONLY

4. Graduate Services Coordinator, Faculty of Graduate and Postdoctoral Affairs (Name):

☐ **Registered** **Signature _____** **Date:**

Once all four signatures have been received FGPA will return copies of the form to the International program Coordinator and the student's department for information.