

Name of Student: _____ Student ID: _____

Home University/Exchange Program: _____

Term and Year of Study at Carleton: Fall/Winter: _____ Fall: _____ Winter: _____

Course Number	Course Title	Term Offered		Approved		If not approved, recommended alternate Course(s)
		F	W	YES	NO	
Exchange students are not eligible to register in joint program courses being offered at the University of Ottawa. Approval should not be granted for any such courses.						

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

Faculty Advisor (name):

I hereby declare that the above mentioned student meets the pre-requisite(s) for the course(s) listed above, unless otherwise stated with recommended alternate course(s).

Faculty Advisor (signature) _____ Date: _____

Department Administrator (name):

I hereby declare that the above mentioned course(s) are offered in the selected term(s) and that the above mentioned student has been provided a space in the selected course(s), unless otherwise stated.

Department Administrator (signature) _____ Date: _____

Department: _____ Email: _____

Telephone: _____ Fax: _____

By approving these courses you are giving FGPA permission to override any course restrictions which may occur at the time of registration, including space.

Please **save a copy** of this form for your records along with the student application and **return this form within 10 business days** to the Exchange Program Coordinator.