



## Ontario Visiting Graduate Student Application

<b>First Name</b>
<b>Last Name</b>
<b>Previous Last Name (if applicable)</b>
<b>Date of Birth</b>
<b>University email address</b>

<b>Street Address</b>	
<b>City or Town</b>	<b>Prov.</b>
<b>Postal Code</b>	<b>Country</b>
<b>Telephone</b>	
<b>I.D. Number at Home University</b>	

<b>Home University</b>	<b>Home Department</b>	<b>Home Degree</b>
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I hereby request permission to take the following courses required for my degree at \_\_\_\_\_ (host university)  
 in \_\_\_\_\_ (host department) for the period from \_\_\_\_\_ (month) to \_\_\_\_\_ (month) in \_\_\_\_\_ (year).

<b>Course Code Number</b>	<b>Title</b>	<b>Half Credit or Full Credit</b>	<b>Terms (Fall, Winter, or Summer)</b>

Internal Comments:

Approvals (in sequence of number):

- |                 |                  |       |
|-----------------|------------------|-------|
| _____           | _____            | _____ |
| Home University | Department Chair | Date  |
- |                 |               |       |
|-----------------|---------------|-------|
| _____           | _____         | _____ |
| Home University | Graduate Dean | Date  |
- |                 |                  |       |
|-----------------|------------------|-------|
| _____           | _____            | _____ |
| Host University | Department Chair | Date  |
- |                 |               |       |
|-----------------|---------------|-------|
| _____           | _____         | _____ |
| 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 enrolled 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.*