

**LAKEHEAD UNIVERSITY
INTERNATIONAL EXCHANGE PROGRAM
DEPARTMENT INFORMATION SHEET**

*To be completed with Department Chair, Director or designate, and submitted with application.
Copy to be submitted to Office of the Registrar with supporting documents.*

Surname:	First Name:
Student Number:	Department/School:
Program of Study:	Major:

Session: _____ Year: _____

Institution : _____

Proposed Courses (to be completed with Department/School)

NOTE: Please keep in mind that methods of credit transfer vary. If you require assistance please contact Lakehead International at 346-7848. Please be aware that many European universities are now using the new European Credit Transfer System (ECTs) to assign credit for work completed at the university level. ECT credits reflect the quantity of work each course requires, including individual homework time that the student completes outside of the hours of instruction.

IMPORTANT: Please ensure degree requirements are being met prior to signing.

12 ECTS = 1.0 FCE at Lakehead University

6 ECTS = 0.5 FCE at Lakehead University

Host Institution			ECTS	Lakehead University Equivalent		Signature of Department Chair or Director*
Course Number	Course Title	Credit Value		Course Number	Course Title	

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Photocopies of course descriptions from Host Institution must be attached.
 Receipt for payment of Letter of Permission fee must also be attached.