



*This is an application for an International Exchange with a Partner University.
Please complete both sides of this form.*

APPLICATION INFORMATION & CLOSING DATES

Lakehead University Campus: <input type="checkbox"/> Thunder Bay <input type="checkbox"/> Orillia	Term (and closing date for application) <input type="checkbox"/> Fall Only <input type="checkbox"/> Winter Only <input type="checkbox"/> Fall and Winter
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BIOGRAPHIC INFORMATION

Title: (Mr., Mrs., Ms., Miss)	Surname:	First Name:
Date of Birth: (YY/MM/DD)		Middle Name:
First Language Spoken:		Country of Citizenship:

Do you have a disability or on-going medical condition, which will require you to seek special assistance from Lakehead University? (e.g. hearing/visual impairment, mobility, learning or medical): Yes No

If yes, please specify:

Please note:

1. Applicants are advised that to receive from Lakehead University special accommodations for disabilities, they must agree to and comply with all terms and requirements of the University's accommodation for *Students with Disabilities Policy* (at <https://www.Lakeheadu.ca/faculty-and-staff/policies/students-related>)
2. Applicants are further advised that it is their responsibility
 - A. To ascertain all additional medical coverage that they will need over and above the coverage provided by the mandatory UHIP program, and,
 - B. As a condition for admission to Lakehead University, to acquire the said additional medical coverage and have it in place for the duration of their studies and stay at Lakehead University.

MAILING ADDRESS INFORMATION

Address (House, Street #, Street Name):	
City:	State/Province:
Country:	Postal Code:
Home Telephone (with country code):	Daytime Phone Number (with country code):
Email Address:	

EDUCATION INFORMATION

Home Institution:	Country:
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Program: <input type="checkbox"/> Bi-lateral Partner <input type="checkbox"/> North-2-North <input type="checkbox"/> Ontario/Rhone-Alps (ORA) <input type="checkbox"/> Other	Year Level:
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HOME INSTITUTION APPROVAL

Home Institution:

Name of International Exchange Coordinator:
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Email Address:	Date and University Stamp:
International Exchange Coordinator/institution representative signature:	

STUDENT SIGNATURE

Personal information on this form is collected pursuant to section 14 of the Lakehead University Act and will be used to aid both deliberations on admission eligibility and essential administrative functions after admission. Any questions on this collection should be directed to: Manager of Undergraduate Admissions, Lakehead University, 955 Oliver Road, Thunder Bay, ON P7B 5E1, telephone: (807) 343-8500. It is the student's responsibility to become familiar with the academic and financial regulations and penalty dates as published by Lakehead. I hereby certify that the information provided on this application is accurate and complete. I understand that incomplete, inaccurate, or false statements may cause my admission or registration to be rescinded. I also understand that admission requirements must be met before registration takes effect. In addition, misrepresentation of my legal status in Canada could result in legal penalties. I am prepared to provide proof of my citizenship if required.

Student Signature:	Date:
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Please return the completed form along with your transcripts by FAX or SCAN EMAIL to:

LAKEHEAD UNIVERSITY INTERNATIONAL
 Lakehead University, 955 Oliver Road
 Thunder Bay, Ontario
 P7B 5E1, Canada
 Fax: (807) 346-7829
 Email: international@lakeheadu.ca