

NOMINATION FORM FROM PARTNER INSTITUTIONS

This is the cover letter for Incoming Exchange Students from Partner Institution.

HOME INS	TITUTION APPROVAL			
Home Institution:				
Name of International Exchange Coordinator:				
Email Address:				
** English Language Proficiency: I,to study at Lakehead University.	confidently state that this st	udent's English Proficiency is sufficier		
International Exchange Coordinator/institution representative	2			
Title:	Signature:			
				
APPLICA ⁻	TION INFORMATION			
	Term student will attend	Term student will attend Lakehead University		
Lakehead University Campus:	☐ Fall (Sept - Dec)	☐ Winter 2014 (Jan -		
☐ Thunder Bay ☐ Orillia	April)			
	☐ Fall and Winter (Sept - April)			
Nominated Student(s) Name: 20		Academic Year of study: 20		
Program: ☐ Bi-lateral Partner ☐ North-2-	North NAFTA	☐ Ontario/Rhone-Alps		
DOCUMENT CHECKLIST (TO BE COMPLETED BY THE EXCI 1. Nomination Form from Exchange Program Coordinat 2. Incoming Student Exchange Application 3. Course requests with prerequisite – including course 4. Official Transcripts	or			
5. Proof of English Language Proficiency				

* Please note that only students who are nominated and have sent all required documents by the deadline date will be considered for Lakehead University's Exchange Programs.

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

LAKEHEAD UNIVERSITY INTERNATIONAL c/o: Lakehead University Exchange Program Lakehead University, 955 Oliver Road Thunder Bay, Ontario P7B 5E1, Canada Fax: (807) 346-7829

Email: internationaladvisor@lakeheadu.ca