



*All information collected on this form will remain confidential.
This is an application for an International Exchange with a Partner University.*

APPLICATION INFORMATION

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

BIOGRAPHIC INFORMATION

Gender (M/F):	Surname:	First Name:
Date of Birth (YY/MM/DD):		Middle Name:
First Language Spoken:		Country of Citizenship:
Other Language(s) [Speaking, Writing, Reading]:		

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

If yes, please specify:

Do you wish to have the host institution contacted to request accommodation?
 Yes No

MAILING ADDRESS INFORMATION

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

EDUCATION INFORMATION

Degree Program	Year Level:
Program: <input type="checkbox"/> Bi-lateral Partner <input type="checkbox"/> North-2-North <input type="checkbox"/> NAFTA <input type="checkbox"/> Ontario/Rhone-Alps(ORA) <input type="checkbox"/> Other	Do you currently receive any scholarships or bursaries from Lakehead? If yes, which ones?

PRIORITY HOST INSTITUTIONS

First Choice (Institution, Country):

Second Choice (Institution, Country):

Third Choice (Institution, Country):

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 I understand that incomplete, inaccurate, or false statements may cause my admission or registration to be rescinded.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:

Please return the completed form 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