

Ontario Visiting Graduate Student Application

Student Information

Student Name: _____ Previous Surname: _____
 Student Number (Lakehead): _____ Social Insurance Number: _____ Date of Birth: _____
 Department of Study (Lakehead): _____ Degree Program (Lakehead): _____

Mailing Address

Street: _____ City: _____ Province/State: _____
 Country: _____ Postal Code: _____ Phone Number: _____

I hereby request permission to take the following courses required for my degree at:

Host University _____ Host Department _____ for the period from
 _____ To _____ of the year _____.
 month month

Host University Course Information						Lakehead University <u>Equivalent</u> Course Information		
Course Number	Course Title	Weight		Term(s)			Course Number	Course Title
		Half	Full	Fall	Winter	Spring		

Date of previous registration at host university: _____

Student's Signature: _____ Date: _____

Internal Recommendations: _____

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: _____

Upon signing *Approvals*, Host University Graduate Dean sends a copy to Home Graduate Dean and Student. Each Dean sends copies to the department chair, Registrar, and Accounts Office.

After the student has enrolled and the term enrolment date passes, the host university is requested to send the invoice to: _____.