

Application Form- Ontario Visiting Graduate Student (OVGS)

Last Name:	First Name:	WLU ID:
Address:	Email:	
	Telephone:	
Program of Study:	Date of Birth:	
HOME University:	HOST University:	

Part 1: To be completed by Applicant

I hereby request permission to take the following course(s), required for my degree, at the following institution:

HOST University: From: (Month) to (Month) of (Year)	HOST Department: Dates of previous registration at this university:
--	--

Course #	Course Title	Instructor	Half Credit	Full Credit	Fall Term	Winter Term	Spring Term
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature: _____ Date: _____

Part 2: Institution Signatures (the following signatures are required to process this application)

HOME University: Wilfrid Laurier University

Department Chair Signature: _____ Date: _____

Graduate Dean Signature: _____ Date: _____

Choose One: <input type="checkbox"/> this is an <u>invoiced</u> course <input type="checkbox"/> this is a <u>non-invoiced</u> course
--

HOST University:

Department Chair Signature: _____ Date: _____

Graduate Dean Signature: _____ Date: _____

Choose One: <input type="checkbox"/> this is an <u>invoiced</u> course <input type="checkbox"/> this is a <u>non-invoiced</u> course
--

On signing approval, the Graduate Dean of the Host University sends copies to the Graduate Dean of the Home university and the applicant. Each Dean also sends copies to their appropriate departmental chairs, Registrar's Offices and Accounts Offices. After the student has enrolled and after the term enrolment report date, the Accounts Office of the Host University is requested to send an invoice to: Business Office, Wilfrid Laurier University, 75 University Avenue West, Waterloo, Ontario N2L 3C5.

Part 3: To be completed by Applicant- answer the following questions:

Is this course(s):	<input type="checkbox"/> required for your program
	<input type="checkbox"/> an elective course(s)

If required, why are you taking it (them) at another institution?

If an elective, why are you requesting permission to take this (these) course(s)?

Privacy Declaration – read and understand the declaration prior to providing your signature on page 1:

NOTICE OF COLLECTION OF PRIVATE INFORMATION: Wilfrid Laurier University collects personal information under the authority of the Wilfrid Laurier University Act. Personal information collected by any part of the University may be used by other units in order to execute the various functions of the University and to administer the various relations between the University and its students, alumni, employees, clients, suppliers, partners, and others. Visit our privacy coordinator's web-page at www.wlu.ca (under "Resources") for more examples of potential uses of your personal information. Questions may be directed to the coordinator at privacy@wlu.ca or 519-884-0710, ext 3637.

Part 4: To be completed by the Graduate Officer/Program Director/Program Coordinator

Indicate why this requested course(s) must be taken at another university at this time:

Graduate Officer Signature: _____ Date: _____