

GRADUATE EXCHANGE AGREEMENT

McGill University
University of British Columbia
Université de Montréal
University of Toronto

Prior authorization to undertake studies at any of the above-named universities

Home Institution: _____	
Student Name: _____	Home University Student N°: _____ Home University Department: _____ Department of Study, School or Program: _____
Current Mailing Address and Telephone N°: _____	Have you ever attended the Host Institution before: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was your Student N° there: _____
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth: _____ YY / MM / DD	Are you currently registered in a: Master's program <input type="checkbox"/> Doctoral Program <input type="checkbox"/>
Citizenship: _____ Mother tongue: _____	Principal language used: _____

The above-named student is in good standing (including current fees paid) in a graduate degree program, and has permission to take the courses listed below for degree credit as an Exchange Student under the provision of the Graduate Exchange Agreement.

at _____ during the period _____
(Host Institution)

Courses to be taken

Dept.	Course N°	Course Title	Credit Weight	Term

1. Students are subject to regulations of the home institution governing credit for the course to be taken. As a condition of registration at the institution designated above, students will provide the home institution with official statements from the host institution on completion of courses undertaken.
2. Deadlines in effect at the home and host universities must be observed.
3. Students must send confirmation of registration and notice of any change to the Graduate Records Office of the home institution at the time registration or course change is completed.
4. No tuition fees will be assessed by host institution; however, student activity fees will be charged. This form, duly signed, will be the sole authority for this fee waiver, no other document is required.

AUTHORIZED SIGNATURES: Form will not be processed without all four signatures. Obtain signatures in order 1 to 4.

HOME INSTITUTION

1. _____ Date (Signature / Name) Department Approval	2. _____ Date (Signature / Name) Office of the Dean/Registrar of Graduate Studies
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HOST INSTITUTION

3. _____ Date (Signature / Name) Department Approval	4. _____ Date (Signature / Name) Office of the Dean/Registrar of Graduate Studies
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Distribution: After all signatures have been obtained the following parties should receive a copy

White: Host Graduate Registrar **Green:** Home Graduate Records **Yellow:** Home Department **Pink:** Host Department **Gold:** Student