Incoming Undergraduate Exchange Student Course Request and Course Mapping Form

Name:	Home University:
Ontario Tech student number:	Exchange term (circle those applicable): Fall Winter Spring/Summer
Year in program (level):	Exchange term dates mm/yy From: To:
Faculty: Program:	Major:

Ontario Tech Course Code (from Academic Calendar)	**CRN(s)** Include Tutorial or Lab if Applicable (from MyCampus)	**Ontario Tech Prerequisite Course(s)** (from Academic Calendar)	**Prerequisite Equivalent(s) from Home Institution with Final Grade**	**Approval by Ontario Tech Faculty Advisor**
Example: BUSI 2605U	42738 & 42739	BUSI 2604U	Project Management 210 - 75%	Approved

_____
Student's signature

_____
Academic Advisor's signature
Home Institution

_____
Date

Protection of Privacy: Personal information in connection with this form is collected under the authority of Freedom of Information and Protection of Privacy Act and The UOIT Act, 2002. The information will be used to record and track your progress in academic programs and may be used for related record keeping purposes and will form part of your student record at UOIT. If you have any questions about the collection of this information by the Registrar's Office, Ontario Tech University please contact: 905 721 8668 x6553.