

Host University

Graduate Dean

Graduate Studies - Ontario Visiting Graduate Student Application (OVGS)

School of Graduate and Postdoctoral Studies Ontario Tech University 2000 Simcoe Street North, Oshawa, ON L1G 0C5 905.721.8668 ext. 6209 905.721.3062 (fax) ontariotechu.ca/gradstudies gradstudies@uoit.ca

Section A: To be completed by Ontario Tech University graduate student. Please submit the form to your home faculty. Date of Birth (MM/DD/YY) First and Last Name Student Number **Email Address** Address Postal Code **Phone Number** City, Province Ontario Tech University Degree Program Home University **Home Department GRADUATE COURSE(S) INFORMATION** I hereby request permission to take the following course(s) required for my degree at Host University _____ ______ for the period from ______(month) to ______(month) of the year Host Department ___ Is there a similar course available at your home institution, Ontario Tech University? If yes, indicate course number and course name Yes No Course No. Title Weight Term(s Half Full Fall Winter Dates of previous registration at Host University, if applicable My supervisor is aware that I am requesting to take this course(s) and approves this request. My supervisor is aware that I am requesting to take this course(s) and does not approve of this request. I understand that if I would like to withdraw from any of these courses, it is my responsibility to complete a Notification of Withdrawal form, notify the graduate school of the host university and Ontario Tech University SGPS immediately. I also understand that it is my responsibility to arrange to have an official record of the final mark sent to the Ontario Tech University SGPS as soon as the final results of the course(s) are available. Student Signature Date SECTION B: To be completed by the Home Faculty. Please submit this form to SGPS. Approvals (in sequence of number) 1. Ontario Tech University **Home University** Department Chair Name **Department Chair Signature** Date 2. Ontario Tech University **Home University Graduate Dean** Date **Graduate Dean Signature Department Chair Signature Host University** Department Chair Name Date

On signing approval, Host University Graduate Dean/designate sends a copy to Home Graduate Dean/designate and Student.

Each Dean sends copies to department chair, Registrar and Accounts Office. After the student has enrolled and after the term enrolment report date, the host university Accounts Office is requested to send invoice to SGPS.

Graduate Dean Signature

Date