

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@ontariotechu.ca

Voc

No

Section A: To be completed by Ontario Tech University graduate student. Please submit the form to your home faculty.

First and Last Name	Student Number	Email Address	Date of Birth (MM/DD/YY)
Address	City, Province	Postal Code	Phone Number
Ontario Tech University			
Home University	Home Department	Degree Program	

GRADUATE COURSE(S) INFORMATION

I hereby request permission to take the follow	wing course(s) required for I	my degree at Host University	
Host Department	for the period from	(month) to	(month) of the year

Is there a similar course available at your home institution, Ontario Tech University? If ves. indicate course number and course name

1 .				105	NO
Course No.	Title	Weight	Weight Term(s)		
		Half Fu	l Fall	Winter	Spring

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)

Home University	Department Chair Name	Department Chair Signature	Date
2. Ontario Tech Universi	ty		
Home University	SGPS Dean Designate	SGPS Dean Designate Signature	Date
3			
Host University	Department Chair Name	Department Chair Signature	Date
4			
Host University	Graduate Dean	Graduate Dean Signature	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.