

PRELIMINARY COURSE SELECTION FORM

Last Name: _____ First Name: _____ Student number: _____

Host institution: _____ Choice ranking: (please check) 1__ 2__ 3__

Is this course selection for any of these programs?

_OBW _ORA _OJS _OMG _Killam Scholarship _NACLE

FALL SESSION:

| Course code at host institution | Course title | Number of credits | Total number of course hours | Number of Lab/DGD hours | Reserved for Academic unit/Faculty | Equivalency at uOttawa |
|---------------------------------|--------------|-------------------|------------------------------|-------------------------|------------------------------------|------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

Starting date of the session: _____ Ending date of the session: _____

Reserved for Academic Unit/Faculty

Comments

WINTER SESSION:

| Course code at host institution | Course title | Number of credits | Total number of course hours | Number of Lab/DGD hours | Reserved for Academic unit/Faculty | Equivalency at uOttawa |
|---------------------------------|--------------|-------------------|------------------------------|-------------------------|------------------------------------|------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

Starting date of the session: _____ Ending date of the session: _____

Reserved for Academic Unit/Faculty

Comments

Approval by academic unit representative

Name, title and Academic Unit/Faculty (please write in block letters):

Signature: _____ Date: _____