Attention: International exchange programs
550 Cumberland Street, Tabaret Hall, Room M386
Ottawa Ontario
E-mail: outgoing@uottawa.ca

Surname: ______________________________________  Name: __________________________  Student No.: __________________

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

Current year of study: _______  Program of study: ______________________  Academic Unit: ______________________

A verification of the above-mentioned student’s file indicates that he/she is in good standing and is eligible to participate in a national or international exchange program at the above mentioned institution for the following session ☐ fall ☐ winter of the _______ academic year.

<table>
<thead>
<tr>
<th>File Analysis</th>
<th>Title of course *</th>
<th>Number of credits (ECTS or other)</th>
<th>Number of course hours</th>
<th>Lab/DGD Number of hours</th>
<th>Course equivalent at uOttawa</th>
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<td>Course code at host institution</td>
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*Please join full descriptions for each course

Comments:
________________________________________________________________________
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Signature: ___________________________  Date: ___________________
Program director or Program coordinator
*Signature from the thesis supervisor are not accepted

Signature: ___________________________  Date: ___________________
Academic Administrator or delegate