



SUMMER EXCHANGE PROGRAM

Eligibility Letter & Preliminary Course Selection Form

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 __

Current year of study: _____ Program of study: _____ Academic Unit: _____

Program selected: _____ Program dates: _____

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 Summer Semester.

Yes No

Academic Unit/Faculty initials: _____

Course code at host institution	Title of course *	Number of credits (ECTS or other)	Number of course hours	Lab/DGD Number of hours	Course equivalent at uOttawa
1.					
2.					
3.					

*Please join full descriptions for each course

Reserved for the Academic Unit/Faculty

Comments:

Signature: _____ Date: _____

Name: _____