APPLICATION FORM (FACULTY) — INTERNATIONAL STUDENT MOBILITY SCHOLARSHIP

TO BE COMPLETED BY THE STUDENT

Full Name: ________________________________________________ Student number: __________________
International Organization name: ______________________________ City/Country: _____________________
Departure date (YYYY/MM/DD):  ________________________ Return Date (YYYY/MM/DD): ______________
Name of activity: _________________________________________________ Duration (weeks): __________

SCHOLARSHIP AMOUNT

The University of Ottawa International Office funds academic activity participants through the International Student Mobility Scholarship. The scholarship amount depends on the number of credits the student receives in return from the University of Ottawa.

<table>
<thead>
<tr>
<th>Number of credits</th>
<th>International mobility scholarship amount</th>
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</thead>
<tbody>
<tr>
<td>3, 6, or 9 credits</td>
<td>$500</td>
</tr>
<tr>
<td>12 or 15 credits</td>
<td>$1000</td>
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</tbody>
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IMPORTANT INFORMATION

- In keeping with regulations, this scholarship is granted on the condition that the faculty reimburse 50% of the amount to the International Office. The faculty representative must inform his or her faculty managers.
- Students who go abroad for a University of Ottawa-supervised activity must
  - Attend a risk management workshop offered by the International Office (Contact: Alain Lagacé, alagace@uOttawa.ca)
  - Abide by travel advisories prior to departure as well as during their stay abroad: travel.gc.ca/travelling/advisories
  - Register on the DFATD “Registration of Canadians Abroad” web page: travel.gc.ca/travelling/registration
  - See that the credits they've completed abroad are recognized as counting towards their University of Ottawa degree.

Students may choose to take additional courses for personal interest.

SIGNATURES

_________________________________________  ________________  ______________________
Student  Signature  Date

The Faculty of __________________________ certifies that [NUMBER] ______ university credits will be awarded for [COURSE CODE(S)] ________________________________________________________________.

_________________________________________  ________________  ______________________
Faculty representative  Signature  Date

_________________________________________  ________________  ______________________
International Office representative  Signature  Date