

BIODAQUA – International Student Exchange Program

APPLICATION FORM

Personal Information

Student of (name of university): _____

Student Number _____

Last Name _____

Given Name _____

Female Male

Date of Birth: Year ____ Month ____ Day ____

Citizenship: _____

Country of Birth _____

Address: (Valid until: Year ____ Month ____ Day ____)

Number/Street _____

City/Town _____

Province _____

Postal Code _____

(____)

Telephone _____

Email Address _____

May we provide your contact information to other exchange students? Yes No

Emergency Contact:

Contact Name _____

Relationship to You _____

(____) Telephone _____

Number/Street _____

City, Province, Country and Postal Code _____

Email Address _____

Academic Information

Faculty _____

Major or Academic Focus _____

Proposed Accepted

Current Year Level _____

Minor or Double Major (Circle one): _____ Proposed Accepted

When do you expect to graduate? Year ____ Month ____

List any previous degree(s): _____

Partner Options

Which of the partner universities or organizations are you applying for exchange with? _____

Do you propose to: Attend Courses Conduct Research Do a work placement

Language Proficiency:

Are you planning to study in a language other than English? Yes No If yes, which language: _____

	None			Conversational				Fluent		
Rate your skill level in this language	1	2	3	4	5	6	7	8	9	10

Office Use: Rec'd by: _____

Date: _____

Proposed Work / Study Plan

- To the best of your knowledge, list the courses you hope to take at your partner university.
- Discuss this study plan with your academic advisor to ensure that the partner university offers enough relevant courses to meet your degree requirements.
- As courses offered by any university may change, you may need to adjust your academic program while abroad.
- It is your responsibility to inform your advisor of any changes to your work / study plan once abroad.
- This Proposed Study Plan is not your final course registration. This is also not a transfer credit agreement.

Student Number

Last Name

Given Names

Faculty

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Current Year Level

Partner University / Organization

Proposed List of Courses at the Partner University	Degree Requirement	Office Use: Approved Course Equivalency?
<i>Example: Irish Ecosystems</i>	<i>Advanced Biology credit</i>	
<i>Example: The Celtic Languages</i>	<i>3rd Year Elective</i>	
1.	1.	yes / no
2.	2.	yes / no
3.	3.	yes / no
4.	4.	yes / no
5.	5.	yes / no
6.	6.	yes / no
7.	7.	yes / no
8.	8.	yes / no
9.	9.	yes / no
10.	10.	yes / no
11.	11.	yes / no
12.	12.	yes / no

Statement of Purpose:

In **ONE PAGE ONLY** tell us why you want to participate in this exchange. Please include:

- How the exchange would contribute to your academic program, future career, community work and life experiences.
- How you would share your exchange experience with your own university community and others when you return.
- How the exchange will contribute toward the completion of your degree

