



INBOUND EXCHANGE APPLICATION

Please fill out and print this form. Once you have completed the courses you are presently studying, you must submit an updated transcript. Without a current transcript, it will not be possible for you to be registered at Brock.

Personal Details

Title Mr Mrs Miss Ms Dr Other

Last Name

First Name

Date of Birth

Citizenship

Photograph

For non-native speakers of English, you must include a TOEFL score to complete your application.

TOEFL Score

Contact Details

It is your responsibility to advise the Office of International Services & Programs Abroad of any changes.

<p>Present Address (valid until) <input type="text" value="DD / MM / YYYY"/></p> <p>No. and Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State/Province <input type="text"/></p> <p>Country <input type="text"/></p> <p>Zip/Postal Code <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone <input type="text"/></p> <p>Emergency Contact</p> <p>Name(s) <input type="text"/></p> <p>Relationship to you <input type="text"/></p>	<p>Permanent Address</p> <p>No. and Street <input type="text"/></p> <p>City <input type="text"/></p> <p>Province <input type="text"/></p> <p>Country <input type="text"/></p> <p>Zip/Postal Code <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone <input type="text"/></p> <p>Telephone <input type="text"/> (include country and area code)</p> <p>Email <input type="text"/></p>
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Current Study Details

Indicate the duration for which you are requesting to study at Brock:

Major field of studies Minor Field of Studies

Principle field of studies during the your study at Brock

Present year of studies

Indicate academic work in progress (list specific courses)

Subject Preferences

Please list courses (in preference), with Brock Calendar numbers (eg. HIST 1F95 for World History Since 1914), which you would like to study at Brock University. Please keep in mind pre-requisites as set out in the Brock University Undergraduate Calendar (available on the web at <http://www.brocku.ca/webcal/>). Not all courses listed in the academic calendar are offered every term. The courses which you list below will be used in preparing your course of studies, so please do this carefully.

Course no.

Course Name

Office of International Services & Programs Abroad
500 Glenridge Avenue, St. Catharines, Ontario
Canada L2S 3A1

Please list any special needs you wish Brock University to be aware of.

[Empty box for special needs]

Required Documentation & Checklist

To complete this application form, please enclose:

- A personal statement (no more than 250 words) explaining why you have applied for this exchange
- An official transcript of your grades
- Signed approval from your home ~~Office~~ * ^ Advisor

Privacy Statement

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Direct any questions about this collection to the Office of International Services at Brock University at exchanges@brocku.ca.

To Be Completed By The Home University Exchange Advisor

I approve of to participate in an exchange at Brock University for the study period of ~~À.....~~ ~~~~~~~~~

Signature of Exchange Advisor

DD / MM / YYYY
Date Signed