



The following information is required by Western's Office of the Registrar in order to: have your OSAP, or Out of Province (OOP) entitlement assessed correctly; and/or have your Official Western Letter or Third Party Form request processed to include the dates you are on exchange.

Personal Information				
Last Name: First	First Name:		Student Number:	
Exchange Program Information				
I will be participating in an official academic exch	nange prograr	m through the folic	owing:	
☐ Western University International & E	Exchange Stud	dent Centre		
☐ Richard Ivey School of Business Into	ernational Op	portunities		
☐ Western Law Exchange Program O	ffice			
Complete Name of Host Institution:			in	(Country)
Applying for:				
Choose one only:				
□ OSAP		And/Or	☐ Official Western Letter	
□ ООР			☐ Third Party Form	
Term that I will be away on exchange: (choose	se <u>only one</u> )			
□ Fall 2019 □ Winter 20	20	☐ Fall 2019-Wi	nter 2020   Summer 2	:020
NOTE: You MUST have the bottom Exchange Program Coordinator by		•		University
Student Signature			Date	
To be completed by the <b>Exchange Program Coordi</b>	nator at West	ern University.		
I confirm that the above named student will be studyi begin on and e	-		-	ige term sessional dates
Are there any breaks or vacation during the Exchange If the answer to the above question is "Yes", please p From	rovide the brea	ks/vacation dates		
Western Exchange Program Co-ordinator:				
Name			Signature	Date