



Undergraduate Exchange Program Course Selection and Grade Submission Form

U of G ID Number: _____

Family Name: _____

First Name: _____

U of G Academic Program: _____

Exchange Dates:

- Start (YY/MM): _____
- Finish (YY/MM): _____

Exchange Program Name: _____

Final Credits?

- Yes
- No
- If Yes, Program Counsellor's Signature: _____

To be completed by the Program Counsellor:

- Pre-exchange assessment (courses only)
- Post-exchange assessment (courses and grades)

