

UNDERGRADUATE EXCHANGE PROGRAM Course Selection and Grade Submission Form

ID NUMBER	SURNAME	COMMONLY USED NAME

ACADEMIC PROGRAM	EXCHANGE DATES	EXCHANGE PROGRAM NAME						
	<table style="width:100%"> <tr> <td style="text-align:center">Y M</td> <td style="text-align:center">Y M</td> </tr> <tr> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td style="text-align:center">START</td> <td style="text-align:center">FINISH</td> </tr> </table>	Y M	Y M	_____	_____	START	FINISH	
Y M	Y M							
_____	_____							
START	FINISH							

Pre-exchange assessment (courses only)	<input type="checkbox"/>	Post-exchange assessment (courses & grades)	<input type="checkbox"/>
---	--------------------------	--	--------------------------

Final credits? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: _____ <div style="text-align: right; margin-right: 20px;">Program Counsellor's Signature</div>

HOST COURSE #	HOST UNIVERSITY COURSE TITLE	HOST GRADE	UofG COURSE #	CREDIT WEIGHT	DEPT. APPROVAL	UofG GRADE OP/P/F	SEMESTER

STUDENT'S SIGNATURE	DATE (YMD)
---------------------	------------

APPROVALS

 Program Counsellor

 Study Abroad Manager, Centre for Int'l Programs

Date: _____
 Y M D

Date: _____
 Y M D