

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?
• \(\square\) Yes
• \bigsize 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)

Host Course #	Host University Course Title	Host Grade	* U of G Course #	* Credit Weight	* Department Approval	* U of G Grade OP/P/F	* Semester	
Columns labelle	ed with * in the table abo	ove need	to be completed by a	Program (Counsellor.			
Student's Signature:								
Date (YY/MM/DD):								
Approvals:								
Program Counsellor:								
Date (YY/MM/D	D):							
Education Abroad Advisor, Centre for International Programs:								
Date (YY/MM/D	D):							