## 2023-24 Supplemental Information Form Western Students Participating in International Exchange Program



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.

Last Name:	First Name: _		Student Number:		
Exchange Program	Information				
I will be participating in a	an official academic exchange p	orogram through the fo	ollowing:		
☐ Western Inte	ernational				
☐ Richard Ivey	School of Business Internation	al Opportunities			
☐ Western Law	v Exchange Program Office				
Complete Name of Host	Institution:		in	(Country)	
Applying for:					
Choose one only:	Choose one only:		☐ Official Western Letter		
□ OSAP		And/Or	☐ Third Party Form		
□ ООР					
Term that I will be aw	vay on exchange: (choose on	ıly one)			
☐ Fall 2023	Fall 2023		☐ Fall 2023-Winter 2024 ☐ Summer 2024		
	T have the bottom of am Coordinator befor			ern University	
Student Signature		Date			
To be completed by the <b>Exc</b>	<b>change Program Coordinator</b> at	Western University			
	med student will be studying on The			inge term sessional dates	
If the answer to the above of	ation during the Exchange Study Pequestion is "Yes", please provide the	ne breaks/vacation dates	•		
Western Exchange Program	Co-ordinator:Name				
	Name		Signature	Date	