2018-19 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.

Personal Information

Last Name: ________________________ First Name: ________________________ Student Number: __________________________

Exchange Program Information

I will be participating in an official academic exchange program through the following:

☐ Western University International & Exchange Student Centre
☐ Richard Ivey School of Business International Opportunities
☐ Western Law Exchange Program Office

Complete Name of Host Institution: ___________________________________________ in _____________________ (Country)

Applying for:

Choose one only:

☐ OSAP
☐ OOP

And/Or

☐ Official Western Letter
☐ Third Party Form

Term that I will be away on exchange: (choose only one)

☐ Fall 2018          ☐ Winter 2019         ☐ Fall 2018-Winter 2019         ☐ Summer 2019

NOTE: You MUST have the bottom of this form completed by your Western University Exchange Program Coordinator before returning to Student Central.

__________________________________________________________________________

Student Signature

__________________________________________________________________________

Date

To be completed by the Exchange Program Coordinator at Western University:

I confirm that the above named student will be studying on The Western University Exchange Program and that the exchange term sessional dates begin on ______________________ and end on ______________________.

Are there any breaks or vacation during the Exchange Study Period for more than 28 days? ☐ Yes ☐ No

If the answer to the above question is “Yes”, please provide the breaks/vacation dates

From ______________________ to ______________________

Western Exchange Program Co-ordinator:

__________________________________________________________________________

Name

__________________________________________________________________________

Signature

__________________________________________________________________________

Date

Please return this form to: Student Central · Western University
Western Student Services Building · RM1120 · London, Ontario · N6A 3K7 · Canada · Telephone: 519-661-2100 · Fax: 519-850-2590
The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended. To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: http://www.westerncalendar.uwo.ca/2016/pg5.html

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