



Exchange Program Eligibility Verification Form

Any personal information you choose to provide on this form is protected under the Freedom of Information and Protection of Privacy Act.

A. Student Information		
First Name:	Last Name:	Student #:
Current Major/Program:	Year Level:	
Year of exchange: 20_____	<input type="checkbox"/> fall term (September to December) <input type="checkbox"/> winter term (January to April)	
B. Exchange Information – Host Institution(s)		
1 st choice:	Program:	
2 nd choice:	Program:	
Student's Signature		Date:
C. Approval Signatures		
International Student Services (Please contact international@ocadu.ca for an appointment)		
<input type="checkbox"/> Have a minimum 70% overall average, with good academic standing. <input type="checkbox"/> Will have completed all first year and second year major program requirements.		
<ul style="list-style-type: none">• _____ credits completed.• _____ credits in progress.		
Name, International Student Services	Signature	Date
Program Chair (Please contact the Program Assistant in your Faculty Office for an appointment)		
<input type="checkbox"/> Approved		
Name, Program Chair	Signature	Date
Comments: _____ _____		
This form and following documents must be uploaded with the online application form:		
<ul style="list-style-type: none">• \$100 Fee paid -RECEIPT (Account #11-05-60010-405500)• A statement of intent		