



Family Name _____	First Name _____
MSVU Student ID _____	

CHECKLIST

PLEASE SUBMIT COMPLETED APPLICATION TO THE INTERNATIONAL OFFICE BY THE APPROPRIATE DEADLINE

Please tick boxes. An application is not considered complete until all of the documents listed below have been received. Incomplete applications will NOT be considered.

- Checklist** - with all boxes ticked.
- Application Form** – with all applicable sections completed.
- Official MSVU transcript** – students with less than a full year of study at MSVU should submit official transcripts from all previous study, as well as approximate grades in MSVU courses, signed by instructor.
- Two confidential academic references** – one of your references must be written by an MSVU faculty member. Please use the attached form.
- Proposed Study Plan** – for first and second host institution preferences only. Please use the attached forms.
- Country Budget Worksheet** – for first and second host institution preferences only. Please use the attached forms.
- Resume (1-2 pages)** – Please include the following information:
 - Work and volunteer experience
 - Non-English language skills
 - Countries lived in 4+ months
 - Experience working/living abroad in/with another culture
 - Hobbies and interests
- Summary of Specific Language Skills or Courses Taken** – if applying to a school where classes are taught in a language other than English.
- Statement of Purpose (1 page)** – describing your exchange/study abroad goals. Please include:
 - Your specific learning objectives.
 - How this exchange would contribute to your academic program, future career, community work and learning experiences.
 - How you would share your exchange experience with the MSVU community and others upon your return.
- Photocopy of Valid Passport** – if you hold a dual citizenship, please include copies of both passports. Please tick below to advise our office if you are in the process of applying for or renewing your passport and be sure to provide a copy of the passport, once issued
 - Applying
 - Renewing

*** NOTE: A COPY OF YOUR TRAVEL ITINERARY (INCLUDING DEPARTURE AND RETURN DATES, AIRLINE AND FLIGHT NUMBERS) WILL BE REQUIRED ONCE YOUR TRAVEL HAS BEEN BOOKED.**

Exchange/Study Abroad Program Application & Registration



Student Personal Information			
MSVU Student Identification	MSVU Program	Year of Study (eg. first/second)	
Family Name (legal)	First Name (legal)	Middle Name (legal)	
Gender	Birth date (dd-mm-yyyy)	Email	S.I.N
Address (current) – valid until _____			
City	Province/State & Country	Postal Code	
Telephone: Home	Business	Cell	
Address (permanent) (if different from above)			
City	Province/State & Country	Postal Code	
Emergency Contact Information (two emergency contacts at different residences required).			
Name (primary emergency contact)		Relationship to student	
Mailing Address			
City	Province/State	Postal Code	Country
Telephone: Home	Business	Cell	Email
Name (secondary emergency contact)		Relationship to student	
Mailing Address			
City	Province/State	Postal Code	Country
Telephone: Home	Business	Cell	Email

Exchange/Study Abroad Program Application & Registration



Academic Information	
What are your academic expectations for studying abroad? <input type="checkbox"/> To take courses to count mainly as my electives at MSVU <input type="checkbox"/> To take courses to count as my core courses at MSVU <input type="checkbox"/> To take courses for interest regardless of whether they count toward my degree (tuition fees are still paid to MSVU)	
Total number of credits (in MSVU terms) expected to take at the Host Institution (courses may not be fully credited)	____ credits
Program Information	
Intended Semester of Travel (ex: Winter 2006) <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring/Summer 20__	
Academic/Faculty Coordinator	
<p>Exchange Students: I have discussed my proposed exchange program with my program Chair. I understand that this does not constitute approval for the courses that I wish to take, but merely indicated that the program I wish to pursue is feasible, given my academic goals. It is my responsibility to bring back the outlines for all of my courses taken at the host institution to ensure that an official transcript is sent directly to the Research and International Office at MSVU upon completion of my exchange. Grades for courses taken on exchange will not transfer as grades, but as credits. By signing below, the Faculty Coordinator indicates that these discussions have taken place.</p> <p>Faculty Coordinator Name: _____ Faculty Coordinator Signature: _____ Faculty/Department: _____ Date: _____</p>	
Declaration for Mount Saint Vincent University Students Participating in International Exchange	
<p>Declaration: <i>It is the responsibility of each participant to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. You must notify the Research and International Office at MSVU if you no longer wish to be considered for the exchange or study abroad experience. If accepted as an exchange student by the host institution, you will receive a letter of acceptance from them that you will need when applying for any visas or permits. It is your responsibility to research the necessary paperwork (visas, permits, entry clearances, etc) which are required by the country you are entering and to apply for these well in advance of departure at the appropriate consulate or embassy. Before going, you must check with your department as to how course selection and load requirements during the exchange will fit into your program at MSVU</i></p> <p><i>I hereby recognize that participation in an exchange program is contingent upon payment of tuition and related fees to Mount Saint Vincent University assessed on the number of credits being registered in for the semester abroad. Tuition fees are payable before departure by the deadline set by the Registrar's Office. I acknowledge that I may not be able to get credits towards my degree for courses taken on exchange without approval from my program Chair. This may necessitate taking additional semester(s) at Mount Saint Vincent University (and paying the applicable tuition and fees) in order to fulfill my degree requirements. It is my responsibility to ensure the accuracy of my record, to inform the University and my faculty of any discrepancies in my academic record, and to update my mailing address on my record as appropriate. I also recognize that visa, transportation, medical insurance, living expenses (such as room and board), and all other costs related to my attendance at the host institution are my sole responsibility. It is also my responsibility to assure that I do not leave the host institution with any outstanding fees.</i></p> <p><i>The Research and International Office at MSVU reserves the right to compile anonymized statistics relating to gender, proposed host university, field and level of study of successful and unsuccessful applicants and to release these statistics for legitimate academic, reporting and publicity purposes. The Research and International Office at MSVU also reserves the right to contact the emergency contact provided by the student in case of an emergency.</i></p> <p style="text-align: center;"><i>I certify that all statements made on this application form are true and complete</i></p> <p>Student Signature: _____ Date: _____ International Coordinator: _____ Date: _____</p>	

Exchange/Study Abroad Program Application & Registration



OFFICE USE ONLY

(Do not complete information below this line)

CHECKLIST:

- Photocopy of Travel Itinerary
- Proof of Enrolment in Medical Insurance
- Responsibility & Liability Waiver
- Agreement of Participation
- Academic Registration & Payment

This application has been reviewed and approved for international exchange:		
International Project Officer		
Printed Name	Signature	Date
Associate Vice-President International		
Printed Name	Signature	Date

MSVU International Administration Information	
Destination Contact Information:	
Contact Person	Fax Number
Telephone Number	Email
Accommodation Information:	
Additional Information if Required:	

Please submit completed application with all necessary backup documentation by the appropriate deadline to:

MSVU International Office
Evaristus 202
166 Bedford Highway, Halifax
Nova Scotia B3M 2J6
Ph: (902) 457-6130
Fax: (902) 455-2201
Email: paula.barry@msvu.ca



PROPOSED STUDY PLANS – PARTNER INSTITUTION

- To the best of your knowledge, list the courses that you hope to take at your partner institution.
- Discuss this study plan with your academic/faculty coordinator to ensure that the partner institution offers enough relevant courses to meet any degree requirements.
- As courses offered by any institution may change, you may need to adjust your academic program while abroad.
- It is your responsibility to inform your advisor of any changes to your study plan once abroad.
- This Proposed Study Plan is **not** your final course registration. This is also **not** a transfer credit agreement.

Last name _____
 MSVU Student ID Number _____
 MSVU Program _____

First Name _____
 MSVU Faculty _____
 Year of Study _____

Partner Institution:
Total Number of Credits Expected to Take at Host Institution:
Proposed List of Courses at the Partner Institution:
<i>Example: Geography of Denmark (GEOG 249)</i>
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
Notes about courses:



Confidential Academic Reference #1

TO BE COMPLETED BY THE INSTRUCTOR ACTING AS YOUR REFEREE

This student is applying for nomination to the MSVU Student Exchange Program. Students on an MSVU exchange continue their program of study at an MSVU approved partner institution. Students normally attend the partner institution for one academic term (some may attend for two) and receive transfer credits for academic coursework successfully completed there.

Student Information:

Last Name _____ First Name _____
 MSVU Student ID Number _____ MSVU Faculty _____
 MSVU Program _____ Year of Study _____

Referee Information:

Referee Name (please print) _____
 Department _____ Title _____
 Telephone _____ Email _____

How long and in what capacity have you known this student?

On a scale of 1 to 5 (1 – poor, 5 – excellent, UC – unable to comment), please indicate your assessment of this student in comparison to other students that you have known at similar ages of study:

Self-motivated about studies		Timely	
Intellectually curious		Self-reliant	
Active participant in class discussions		Flexible, adapts well	
Effective written communication skills (English)		Perceptive, aware, reflective	
Works well with other students		Articulate	

Please comment on the student’s academic ability and their general suitability to part-take in study abroad. Further information can be attached:

This is a confidential reference. **Please return this completed reference in a signed and sealed envelope** to the student, who will submit it along with their Exchange Application to the International Office, E202. Please contact Paula Barry at 902-457-6130 or paula.barry@msvu.ca if you have any questions.

Exchange/Study Abroad Program Application & Registration



Confidential Academic Reference #2

TO BE COMPLETED BY THE INSTRUCTOR ACTING AS YOUR REFEREE

This student is applying for nomination to the MSVU Student Exchange Program. Students on an MSVU exchange continue their program of study at an MSVU approved partner institution. Students normally attend the partner institution for one academic term (some may attend for two) and receive transfer credits for academic coursework successfully completed there.

Student Information:

Last Name _____ First Name _____
MSVU Student ID Number _____ MSVU Faculty _____
MSVU Program _____ Year of Study _____

Referee Information:

Referee Name (please print) _____
Department _____ Title _____
Telephone _____ Email _____

How long and in what capacity have you known this student?

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This is a confidential reference. **Please return this completed reference in a signed and sealed envelope** to the student, who will submit it along with their Exchange Application to the International Office, E202. Please contact Paula Barry at 902-457-6130 or paula.barry@msvu.ca if you have any questions. Thank you for your time.

Exchange/Study Abroad Program Application & Registration



BUDGET WORKSHEET

- We require a completed budget in order to consider your application. However, financial information will not be used in determining your suitability for exchange.
- Information on this form will not be evaluated for correctness and will assist you in beginning to plan for your potential exchange. Please note that you are responsible to ensure that you have adequate funds for your exchange.
- Keep in mind that currency exchange rates may fluctuate significantly. Plan emergency funding to help deal with unexpected costs.
- List all amount in Canadian dollars. Currency Converter link: www.xe.com/ucc/

Last Name _____	First Name _____
MSVU Student ID Number _____	

ESTIMATED RESOURCES For exchange period		ESTIMATED COSTS For exchange period		Average MSVU costs per semester (when not on exchange)
Savings		Current Exchange Rate for that country		
Personal Loans		MSVU tuition and related fees		
Financial Gifts		Transportation to exchange destination (airfare, etc)		
Student Loans		Accommodation and meals		
Bursaries/Gifts		Books and supplies		
Scholarships		Health Insurance		
Part-time work while on exchange (not always possible to work; check with consulate)		Local Transportation		
Other _____		Personal Spending		
		Recreational Travel		
		Emergency Funds		
		Other: _____		
Total Resources	\$	Total Costs	\$	\$



**International Education Acknowledgement of Responsibility & Liability Waiver
Outgoing Study and Work Abroad Students**

**WARNING: By signing this legal document you give up certain legal rights, including the right to sue.
Please read carefully.**

In consideration of being permitted to conduct study/ work at/ in _____ (Host Institution/Country) by Mount Saint Vincent University in Halifax, Nova Scotia, I agree as follows:

Assumption of Risks: Understand that participation in an MSVU Study/Work Abroad program (the program) will take me away from campus for an extended period of time. During this period, as specified in the Letter of Acceptance, I understand that I will be in an unfamiliar surrounding and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the program; and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I understand that despite its efforts, MSVU may not be able to ensure my complete safety at all times from such risks and dangers.

Assumption of Responsibility: I understand that it is my responsibility to abide by all applicable MSVU and Host Institution policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate MSVU does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be hold at fault personally if the accompanying circumstances do not relate to or arise from my education or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask MSVU or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against MSVU in relation to such actions. I acknowledge that I have been advised by MSVU of such risks and dangers, as well as the need to act in acceptance of these realities and in consideration for being permitted by MSVU to participate in the above mentioned Program. I recognize that MSVU will not supervise any of the host institution academic program, living arrangements or extracurricular activities during my participation in the Program.

Liability Waiver: I release and hold harmless MSVU, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program. I understand that this agreement cannot be modified or interpreted, except in writing by MSVU and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding on my heirs, next of kin, executors, administrators and assigns, in the event of death.

I have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver.

MSVU Student Identification	Family Name (legal)	First Name (legal)
Student Signature		Date
Witness Signature	Witness Name	Date