

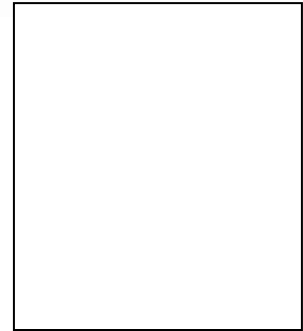
INTERNATIONAL EXCHANGE PROGRAM

Incoming Student Application Form

This form is for **undergraduate** students applying for an exchange under the terms of an existing exchange agreement between their university and Mount Saint Vincent University.

Applicants must be nominated by their home institution.

All applications must be submitted before **October 15th** to be eligible for consideration for **Winter** admission, and before **March 31st** to be eligible for **Fall** admission.



Applicant's Photo

IMPORTANT

If you have any questions about this form, or any other aspect of your exchange (including housing or academic issues), please contact **ONLY** the International Office. You should NOT contact any MSVU instructor or department directly. For further information, please see the MSVU International website:

www.msvu.ca/international

Please **PRINT** all information clearly using only English characters

Applicant's Personal Information

| | |
|---|---|
| Family Name (as it appears on your passport) | |
| Given Name (as it appears on your passport) | |
| Name You Wish to be Called | |
| Country of Citizenship | |
| If not Canadian, do you have landed immigrant status in Canada? | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Date: (DD/MM/YYYY) ___/___/___ |
| Email address: | |

Current Mailing Address (please print full address and notify our office of any changes)

| | |
|--------------|---|
| | |
| | |
| Postal Code: | Country: |
| Telephone: | Address Expiry Date (DD/MM/YYYY): ___/___/___ |

Permanent Home Mailing Address: Same as current address? Yes No

| | |
|--------------|---|
| | |
| | |
| Postal Code: | Country: |
| Telephone: | Address Expiry Date (DD/MM/YYYY): ___/___/___ |

Approval by Home Institution

NOTE: If you are accepted to participate in an exchange at MSVU, we will mail all of the information you need (including your admission letter) to your **home institution**, unless otherwise notified.

| | |
|------------------------------|--|
| Name of Home Institution | |
| Name of Exchange Coordinator | |

Declaration by Home Institution:

This student is nominated to study at Mount Saint Vincent University under the exchange agreement between Mount Saint Vincent University and the student's home institution.

Signature of Exchange Coordinator

Date

Type of Exchange

Specify the type of exchange agreement under which you will be studying at Mount Saint Vincent University:

- EU Mobility Program
- North American Mobility Program
- Regular Exchange

Period of Study at Mount Saint Vincent University (CHECK ALL RELEVANT TERMS):

Specify which term(s) you will be studying at Mount Saint Vincent University:

- Second Term/Winter Session (Jan. to April) Year: _____
- First Term/Fall Session (Sept. to Dec.) Year: _____

Transcripts

Include one English-language copy of your official university transcript with this application. Attach a list of the courses in which you are currently registered, and that you expect to complete before coming to MSVU.

How many semesters/years of university study will you have completed by the time you **begin** studying at MSVU?

| | |
|------------------------------------|--|
| ____ semesters (equals ____ years) | Do you have a previous university degree? ____ Yes ____ No |
|------------------------------------|--|

Language Competence

| | |
|--------------------|--|
| First Language(s): | |
|--------------------|--|

Indicate which test result you will be submitting:

Score

| | |
|---|--|
| <input type="checkbox"/> TOEFL (Test of English as a Foreign Language) | |
| <input type="checkbox"/> IELTS (International English Language Testing Service) | |
| <input type="checkbox"/> Other (specify): | |

Proposed Studies

Please indicate in which program you intend to register (check ONE only):

- Applied Arts (Child and Youth Study)
- Applied Arts (Family Studies and Gerontology)
- Applied Arts (Information Technology)
- Arts
- Business Administration
- Science
- Science (Applied Human Nutrition)
- Public Relations
- Tourism and Hospitality Management

Proposed Courses

STUDENTS MUST REGISTER FOR COURSES BEFORE ARRIVING IN CANADA AND MUST HAVE WRITTEN APPROVAL FROM THEIR HOME INSTITUTION

Students in most undergraduate faculties normally enroll in up to five courses per term. Please list, in order of preference, the courses that you are interested in taking at MSVU. Make your choices from MSVU's academic calendar. For links to course calendars and other information, please see (<http://www.msvu.ca/international>). You should also consult our timetable as a prospective student (<http://www.msvu.ca/webadvisor/>). You may list up to 10 courses, in case some are not available next year.

| | Code | Title | MSVU Approval (office use only) |
|----------------|------------------|--------------------------------|------------------------------------|
| <i>Example</i> | <i>BUSI 2230</i> | <i>Principles of Marketing</i> | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

Health Insurance

StudentGuard, MSVU's health insurance plan, is **MANDATORY** for all international students at MSVU, including exchange students. The cost for 12 months of coverage is approximately CAD \$600 (subject to change). Students studying at MSVU for 1 semester will be required to pay CAD \$300 (subject to change).

For more information, please see <http://www.msvu.ca/international>.

Please check the following: If you do not agree, you are not eligible to attend Mount Saint Vincent University.

- I agree to pay the cost of health insurance at Mount Saint Vincent University

Declaration by Applicant:

- I declare that I have read the above application, have a good comprehension of the requirements indicated, and that to the best of my knowledge the information supplied is correct and complete.
- I recognize that it is my responsibility to provide all necessary documentary evidence of my qualifications, studies and experience and hereby authorize Mount Saint Vincent University to obtain further information where necessary.
- I agree to present the original copies of my academic results and transcripts for verification by Mount Saint Vincent University.
- Mount Saint Vincent University reserves the right to withdraw any offer to me or cease my enrolment at any stage during my course of study where false or misleading information has been provided.
- I understand that I will be admitted as a **non-degree student** at Mount Saint Vincent University.
- I understand that Mount Saint Vincent University cannot guarantee that any or all courses required for my academic program will be offered during the period of my exchange, and that individual faculties and departments at Mount Saint Vincent University have the right to refuse access to courses to exchange students.
- I accept the condition that with my admittance to Mount Saint Vincent University, I am responsible for paying the StudentGuard Health Insurance Plan on or before the specified payment deadline.
- I also agree in general to abide by all the rules and regulations of Mount Saint Vincent University.

Signature of Applicant

Date

IMPORTANT: Official transcripts MUST be submitted with this application

Please address ALL inquiries to:
International & Exchange Student Office
Telephone: 001-902-457-6130
Fax: 001-902-445-2201
Email: paula.barry@msvu.ca

Mail application forms (with transcripts) to:

Paula Barry, International & Exchange Student Advisor
Mount Saint Vincent University
Evaristus 202, 166 Bedford Highway
Halifax, Nova Scotia B3M 2J6
Canada