Incoming Student Application Form



This form is for undergraduate students applying for ar existing exchange agreement between your institution	
Applicants must be nominated by yourhome institution	
All applications must be submitted by October 20 for a (January - April), and by June 20 for admission to the F	
	Applicant's Photo
MPORTANT	
	ct of your exchange (including housing or academic issues), please d NOT contact any MSVU instructor or department directly. For further ww.msvu.ca/international
Family Name (as it appears on your passport)	
Given Name (as it appears on your passport)	
Country of Citizenship	
If not Canadian, do you have landed immigrant status in Canada?	
Sex (as it appears on your passport):	Date of Birth: (YYYY/MM/DD)
Email address:	
Current Mailing Address (please print full address and r	notify our office of any changes)
Postal Code:	Country:
Telephone:	Address Expiry Date (YYYY/MM/DD):/
Permanent Home Mailing Address: Same as current a	ddress?YesNo
Postal Code:	Country:
Telephone:	Address Expiry Date (YYYY/MM/DD):/
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Approval	by	Home	Institution	
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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				
eclaration by Home Institution: his student is nominated to study at Mount Saint Vi niversity and the student's home institution.	ncent Univers	ity under th	e exchange agreement between	Mour
Signature of Exchange Coordinator	Dat	e		
ype of Exchange				
Specify the type of exchange agreement under whi	ich you will be	studying at	Mount Saint Vincent University:	
☐ Canada – European Union Public Relations I	Mobility Progr	am		
☐ North American Mobility Program				
☐ Regular Exchange				
Period of Study at Mount Saint Vincent Universit	ty (CHECK AI	L RELEVA	NT TERMS):	
Specify in which term you will be studying at Mount	t Saint Vincen	t University	under the exchange agreement	:
Fall Term (September to December) Year	:			
Winter Term (January to April) Year:	_			
L	iversity transo	cript with thi	is application.	
Attach a list of the courses in which you are currently	registered, a	nd that you	expect to complete before comin	ng to
How many semesters/years of university study will yo	-			'U?
semesters (equals years)			vious university degree?	
	T	es .	No	
anguage Competence:				
First Language(s):				
Indicate which test result you will be submitting:			Score	
TOEFL (Test of English as a Foreign Language)				
IELTS (International English Language Testing	System)			
Other (specify):				

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Intended Area of Study

Please indic	ate which program you intend to study (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

Intended Courses

Students must register for courses before arriving in Canada and must have written approval from your home institution.

Undergraduate students need to enroll in minimum 3 and maximum 5 courses per term. Please list, in order of preference, the courses you are interested in at MSVU. Make your choices by referring to the MSVU's Academic Calendar at www.msvu.ca/webadvisor/. When checking the availabilities of the offerings at http://www.msvu.ca/webadvisor/. When checking the availabilities of the offerings, you should consult as a prospective student.

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

Health Insurance

Guard Me International, MSVU's health insurance plan, is **MANDATORY** for all international students at MSVU, including exchange students. **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

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Dec	laration	dA vd	plicant:

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 Guard Me International 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

Please address ALL inquiries to:

Mahx Mason, International Partnerships Coordinator

Telephone: +1 (902) 457 6199 | Email: mahx.mason4@msvu.ca

IMPORTANT: Official transcripts MUST be submitted with this application

Please ask your advisor at your home institution to email all the required documents to Mahx Mason at <u>mahx.mason4@msvu.ca</u>, or send them by mail to Mahx Mason at:

Mount Saint Vincent University Seton Annex 101 C 166 Bedford Highway, Halifax, Nova Scotia B3M 2J6 Canada