

Request Form for CUGTA (Canadian University Graduate Transfer Agreement)

Home Institution
The University of Western Ontario
The School of Graduate and Postdoctoral Studies, Room 4180, Support Services Building London, ON N6G 1G9

Applicant Inform	ation:					
(Surname)		(First Name and Initial)		al) (For	mer/Maiden Name)	(Home Student Number)
(Current Mai	ling Address)		(City)	,(Provin	ce) (Postal Code)	() (Telephone Number)
Oate of Birth	Sex	Country of Citizenship		Country of Birth	Immigration State	· · · · · · · · · · · · · · · · · · ·
1 1	M				Canadian Citizen	(if non-Canadian)
Y M D	F					
	I					
		advantage of this or e course(s), host, date				No t).
			Home	Institution		
•				2.		
(Date)		(Signature/Name) Program Approva				Signature/Name) te of the Dean of Graduate Studies
			Host	Institution 2.		
(Date)		(Signature/Name) Program Approva		(Date)		Signature/Name) or Vice-Provost, SGPS

FAXED copies of this form with the appropriate signatures are acceptable.

This request form originates at the **Home** institution, usually at the Program level. The Program completes, signs and forwards it to its Graduate Studies office for approval and signature. The form is then forwarded to Graduate Studies at the **Host** institution to arrange final Program approval and signature. A copy of the completed form (with all of the necessary signatures) is returned to Graduate Studies at the **Home** institution. The **Host** institution retains the original.

Canadian University Graduate Transfer Agreement (CUGTA)