





# VISITING GRADUATE STUDENT (Research Only) PLAN

Last Name:		First Name:	
Address:			
City:	Province:	Country:	Postal Code:
Student # at Home University:		E-mail Address:	
Home University:		Program:	
SIN # (if applicable):	Birthdate:(yy/mm/dd)		Gender:
Immigration Status:	Canadian	Permanent Resident	Study Permit      Work Permit
Country of Citizenship:			
Visiting Status requested for the following term(s):      Fall 20      Winter 20      Summer 20			

### **Procedure:**

1. Once completed, this form must be accompanied by the following:

A letter from the student's home university approving the arrangement and indicating the duration;

A letter from the Western Graduate Program approving the arrangement and indicating the duration.

2. Completed forms must be submitted to Rob Downes, Western Student Services building, room 2140.

### **Signatures:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For SGPS use only:*

Student #: \_\_\_\_\_ Signature and date: \_\_\_\_\_

Visiting terms approved: \_\_\_\_\_

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