



Graduate Studies - Ontario Visiting Graduate Student Application (OVGS)

School of Graduate and Postdoctoral Studies (SGPS)
University of Ontario Institute of Technology
2000 Simcoe Street North, Oshawa, ON L1H 7K4 Canada

905.721.8668
905.721.3062 (fax)
gradstudies.uoit.ca

Section A: To be completed by UOIT graduate student. Please submit the form to your home faculty.

| | | | |
|---|---------------------|----------------|--------------------------|
| First and Last Name | UOIT Student Number | Email Address | Date of Birth (MM/DD/YY) |
| Address | City, Province | Postal Code | Phone Number |
| University of Ontario Institute of Technology | | | |
| Home University | Home Department | Degree Program | |

GRADUATE COURSE(S) INFORMATION

I hereby request permission to take the following course(s) required for my degree at Host University _____, Host Department _____ for the period from _____ (month) to _____ (month) of the year _____.

Is there a similar course available at your home institution, University of Ontario Institute of Technology? Yes No
If yes, indicate UOIT's course number and course name _____

| Course No. | Title | Weight | | Term(s) | | |
|------------|-------|--------|------|---------|--------|--------|
| | | Half | Full | Fall | Winter | Spring |
| | | | | | | |
| | | | | | | |

Dates of previous registration at Host University, if applicable _____

My supervisor is aware that I am requesting to take this course(s) and approves this request.
My supervisor is aware that I am requesting to take this course(s) and does not approve of this request.

I understand that if I would like to withdraw from any of these courses, it is my responsibility to complete a Notification of Withdrawal form, notify the graduate school of the host university and the UOIT SGPS immediately. I also understand that it is my responsibility to arrange to have an official record of the final mark sent to the UOIT SGPS as soon as the final results of the course(s) are available.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

SECTION B: To be completed by the Home Faculty. Please submit this form to SGPS. Approvals (in sequence of number)

| | | | | |
|---------------|-----------------|-----------------------|----------------------------|------|
| 1. UOIT _____ | Home University | Department Chair Name | Department Chair Signature | Date |
| 2. UOIT _____ | Home University | Graduate Dean | Graduate Dean Signature | Date |
| 3. _____ | Host University | Department Chair Name | Department Chair Signature | Date |
| 4. _____ | Host University | Graduate Dean | Graduate Dean Signature | Date |

On signing approval, Host University Graduate Dean/designate sends a copy to Home Graduate Dean/designate and Student. Each Dean sends copies to department chair, Registrar and Accounts Office. After the student has enrolled and after the term enrolment report date, the host university Accounts Office is requested to send invoice to SGPS.

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used to administer graduate registration. Questions regarding the collection of your personal information may be directed to SGPS, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.8668, email: gradstudies@uoit.ca