







## INTERNATIONAL EXCHANGE **COURSE APPROVALS FORM**

Return a copy of the fully completed/signed Exchange Course Approvals Form to the appropriate international office within 6-8 weeks prior to departure:

- Western Exchange Programs: in person at Western International, 2<sup>nd</sup> floor, International & Graduate Affairs Building (IGAB) or by email to goabroad@uwo.ca
- Brescia Exchange Programs: in person at The Hive or by email to brescia@uwo.ca
- Huron Exchange Programs: upload to Huron's Application Portal or by email to huron@uwo.ca
- King's Exchange Programs: in person at King's International, Alumni Court or by email international@kings.uwo.ca

Surname G			Given Name in Full		Western Student Number				
CURRENT PI	ROGRAM Degree Program	Year of Study	APPLICATION TO ATTEND  Host Institution  During the Spring/Summer session   Fall S	ession  Winter Session	n □ Full Year (Fall & Winter Sessions) □ Year:				
Will you be eli Note: Students Post-Exchange	gible to graduate immediat granted permission to take e Transcripts	tely upon completic the final course(s)	of their program during a Fall/Winter		No □ No □ duate until the next Autumn Convocation.  on completion of the exchange program as follows:				
	ational  onal Learning Coordinator national & Graduate Affair d Street 6A 3K7	s Building	Brescia Ur Attn: Regi The Hive, 1285 West London Ol	Brescia University College Programs Brescia University College Attn: Registrar The Hive, Mother St James Building 1285 Western Road London ON, N6G 1H2 brescia@uwo.ca					
Huron Univers	ator, Partnerships and Pathy onal House Road 6G 1H3	vays	King's Into Attn: Inter Alumni Co 266 Epwor London Ol	national and Exchange					

If I am participating in a King's University College, Brescia University College, or Huron University College operated program, all references below to Western University, where applicable, will be related with King's University College, Brescia University College, or Huron University College.









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Foreign Course Number	Foreign Course Title	Foreign Course Credit Value (e.g.6 ECTS)	Foreign Course Credit Hours	Western Course Subject Area	Western Course Number	Western Course Title (Technical Elective, Non- Technical Elective, Elective for courses that do not have exact equivalency)	Western Course Credit Value	Western Course Equivalency Comments	Dept. Appr. Name	Dept. Appr. Initials	Date
EXAMPLE: 1023	Health & Fitness Through Diet & Exercise			Kinesiology	2000	Elective	0.5	Some overlap with Kin 3339A/B and a little bit with Kin 4477A/B. Student cannot take this course if they took Kin 3339A/B			
*Please						o 2.5 Western credits					
description	s to the respective academ	ic departments	for review	/approval, and send the depa	rtments' rec	ke any courses which have not loommendations to your Faculty/scripts from the host institution	Academic C	Counsellor. Grades from yo			
I have re	ad and understand th	ne conditions	(listed o	on this form) under whi	ch an Exc	hange Course Approvals	Form is g	granted.			
Signature	of Student		Date	<del></del>	Signatu	re of Faculty/Academic Co	ounsellor	Date	e		