

# International Exchange Supplemental Form

## Personal Information

Last Name	<input type="text"/>	First Name	<input type="text"/>
Student Number	<input type="text"/>	UWO Email Address	<input type="text"/>

## Exchange Program Information

I will be participating in an official academic exchange program through the following:

- Brescia's BE International Program
- Western University International & Exchange Student Centre

Name of Host Institution:	<input type="text"/>	Country:	<input type="text"/>
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Applying for: (choose only one)

- OSAP
- Out of Province Financial Assistance

Term that I will be away on exchange: (choose only one)

- Fall Term
- Winter Term
- Fall/Winter Academic Year
- Summer Term

## Declaration and Signature of Student

I declare that I have given complete and true information on this form.

Signature of Student:	<input type="text"/>	Date:	<input type="text"/>
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## To be completed by the Brescia or Western Exchange Program Coordinator

I confirm that the above student will be studying on an International Exchange Program and that the exchange term sessional dates are as follows:

Begin On:	<input type="text"/>	End On:	<input type="text"/>
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Signature of Exchange Program Coordinator:	<input type="text"/>	Date:	<input type="text"/>
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### Completed form can be returned:

- 1) In Person: to the HIVE at Brescia
- 2) By Email: to brfinaid@uwo.ca

## For Office Use ONLY

Sent Online

Initials