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## ONTARIO VISITING GRADUATE STUDENT APPLICATION

### Student Information

Name: \_\_\_\_\_ Trent Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Trent Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Trent Grad Dept: \_\_\_\_\_ Degree:    MA    MSc    MEd    PhD

### Host Information

\*\*I hereby request permission to take the following graduate course required for my degree at:

Host University/Institution: \_\_\_\_\_ Host Dept: \_\_\_\_\_

Course Start: (mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ Course End: (mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_

Course Number/Code	Course Title	Weight		Term		
		Half	Full	Fall	Winter	Spring

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

The information on this form is collected under the authority of the Trent University Act, 1963, and is required to process admissions and registration. If you have any questions about the collection, use or disclosure of this information by the University, please contact the School of Graduate Studies, in person, by email ([graduate@trentu.ca](mailto:graduate@trentu.ca)) or phone (705.748.1011 x7245).

### APPROVALS

Academic Officials	Signature	Date
Trent Grad Program Director		
Trent Graduate Dean		
Host Grad Program Director		
Host Graduate Dean		