



York University University-Wide Academic Exchange

2014-15 Incoming Undergraduate Level Exchange Application (including Osgoode Hall Law School)

As part of its internationalization strategy, York University is pleased to accept undergraduate students on exchange from our partner universities. Participants should expect a unique intellectual experience that will enhance their academic and career goals at home. The attached application should be completed and returned to York International by the International Office or other coordinating office at the partner university.

Students may apply to most programs at York. However, access may be restricted to some courses in all Fine Arts Departments, the Computer Science Department and Osgoode Hall Law School.

Applicants must be undergraduate students in a recognized institution. Courses or academic work taken on exchange at York, must apply to a degree at the student's home institution, and cannot be used as degree exclusions should the student ever decide to study as a degree student at York.

For further information on exchange requirements, how to complete the application, the processing procedure and **Program Restrictions**, please visit our website at <http://international.yorku.ca/exchange/incoming/incoming.htm>

Please note that all documents submitted **must be in English**. If the documents are not in English, please include a certified translation.

The Application Package to York International must consist of the following items:

- **Completed Application Form** (below) – Please complete on computer or **print** clearly in block letters
- **Official Transcript(s)** of current program of study
- A **Plan of Study** giving the following details:
 - How the subject areas selected to take at York relate to the program of study at the home institution
 - The benefit the student would get both academically and personally from studying at York
 - How the exchange opportunity will impact the students academic, career and personal goals
- **Letter/s of Reference** (maximum of 2) from faculty members verifying that the work the student expects to undertake at York is appropriate for their degree of study at their home institution and confirming their academic ability to study in the chosen area.
- **Proof of English proficiency** (only for students who do not speak English as a native language). An official TOEFL score is not necessary, a statement from the home university verifying level is acceptable.
- **Curriculum Vitae** (two page maximum)

Applications must be sent from the student's home institution and must be received at York International by April 1, 2014

EXCEPTION - Deadline for law program is March 15, 2014 (see law restrictions on website)

Please note that incomplete applications will not be processed.

Complete, print, sign and return the application to York International, see last page for instructions.



Student's Full Name: _____

YORK UNIVERSITY WIDE EXCHANGES UNDERGRADUATE EXCHANGE STUDENT (2014-15)

Personal information in connection with this form is collected under the authority of *Freedom of Information and Protection of Privacy Act* and *The York University Act, 1965*. York University will use this information to process your application and to decide your eligibility for an exchange program. Once your eligibility has been decided, York University may disclose certain information to the home institution, as may be applicable. If you have any questions about the collection of this information by York University, please contact: Coordinator International Mobility Programs, York International, York University, York Lanes 200, 4700 Keele Street, Toronto, ON M3J 1P3, tel. 416-736-5177.

Participation:

Fall & Winter terms (Sept.-Apr.)
 Fall term only (Sept.-Dec.)
 Winter Term only (Jan.-Apr.)

PERSONAL INFORMATION

Home University: _____

<input type="checkbox"/> Female <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Male <input type="checkbox"/> Mr.			
		Last Name	Given Name(s)
Permanent Address: (PLEASE PRINT IN BLOCK LETTERS) (All mail will be sent here)		Date of Birth: ____/____/____ MM DD YYYY	
Permanent Email: (PLEASE TYPE or PRINT CLEARLY)		Place of Birth:	
Permanent Phone #: (country code, area code & #)	Fax: (country code, area code & #)	Country of Citizenship:	

PROPOSED SUBJECT AREAS OF STUDY AT YORK UNIVERSITY

Indicate below up to 3 subject areas you would like to pursue while on exchange at York University. Please visit the subject areas section of our website at <http://international.yorku.ca/exchange/incoming/subjects.htm> for a list to choose from. You cannot select areas solely offered by the Faculty of Graduate Studies (GS). Specific course selection will be done separately.

First Choice: _____

Second Choice: _____

Third Choice: _____

ACADEMIC INFORMATION

Degree sought at home university: _____

Program of Study at home university

Major: _____ Minor: _____

Currently in year _____ of a _____ year program, (e.g. year 2 of a 4 year program)

Expected date of degree completion (month/year): _____

Summary of post-secondary academic training:

From	To	Name of School	Location (City, Country)	Program	Name of Degree/Diploma Awarded (if applicable)

Complete only if English is not your first language. Rate your ability in reading, writing, and speaking the English language by CIRCLING the appropriate term:

Reading excellent good fair poor Speaking excellent good fair poor
 Writing excellent good fair poor

Describe your most recent FORMAL training in the English language: _____

Should your application be successful, the Office of the Associate Vice-President International (AVPI) will keep your application on file. Should your application be unsuccessful, the office will keep your application on file for 12 months from the date of notification, after which it will be destroyed. The Office of the AVPI reserves the right to compile numeric group statistics relating to gender, home university, and field and level of study of successful applicants and/or to use these statistics for legitimate academic purposes.

Declaration and Consent of Applicant:

1. I declare that the information I have provided in this application is true, complete and accurate in all respects and that all available information requested in this application has been disclosed.
2. All information I have provided in connection with this application is subject to verification and audit by York University.
3. I shall provide supporting documentation to verify my eligibility, on request.
4. I consent to the disclosure by York University of personal information I have given in this application as follows:
 - (a) to the host organization for purposes of administering the exchange program
 - (b) to the referees and references I have named, when necessary, for York University to verify the completeness and accuracy of my statements and to obtain input on my academic qualifications.

I understand that any misrepresentations on this application or failure to provide my consent to authorize York University to verify my information on this application may result in the cancellation of my exchange application.

Signed this ___ day of _____ 20___ by _____

Student's Full Name: _____

UNIVERSITY WIDE EXCHANGE – UNDERGRADUATE STUDENT CHECKLIST

To be completed by the exchange coordinator before mailing.

Please ensure that the following **original** documents have been included in the package. If not, please provide an explanation.

- Completed Undergraduate Application Form
- Official Transcripts.....
- Plan of Study.....
- Letters of Reference (maximum 2).....
- Proof of English proficiency (if applicable).....
- Curriculum Vitae (2 pages maximum).....

To be completed by home institution exchange coordinator:

Name of Coordinator: _____ Signature of Coordinator: _____
Email of Coordinator: _____ Fax Number: _____
Date: _____

Home institution please mail original applications to:

Beth Alaksa
York International, 200 York Lanes
York University, 4700 Keele St.
Toronto, Ontario M3J 1P3 Canada
Tel: 416-736-5177
Fax: 416-736-5176

TO BE COMPLETED BY YORK INTERNATIONAL:

Name of Coordinator: Beth Alaksa _____ Signature of Coordinator: _____
Email of Coordinator: balaksa@yorku.ca _____ Extension: 77623 _____
Date: _____

I certify that I have reviewed the above application and that all documents were mailed directly from the partner institution.