





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

Surname Giv	ren Name in Full	Western Student Number
CURRENT PROGRAM Faculty Degree Program Year of Study	APPLICATION TO ATTEND Host Institution During the Spring/Summer session Fall Session	□ Winter Session □ Full Year (Fall & Winter Sessions) □ Year:
Are you taking any Western University or Affiliate Unive Will you be eligible to graduate immediately upon comple Note: Students granted permission to take the final course	etion of your exchange?	Yes □ No □ Yes □ No □ n might not graduate until the next Autumn Convocation.
Post-Exchange Transcripts		institution upon completion of the exchange program as follows:
Western University Programs Western International Attn: International Learning Coordinator 2 nd floor, International & Graduate Affairs Building 1151 Richmond Street London ON, N6A 3K7	King's Internation	al and Exchange Student Advisor 20 enue

Attn: Coordinator, Partnerships and Pathways Apps International House

Huron University College Programs

1349 Western Road London ON, N6G 1H3

Huron University College

goabroad@uwo.ca

huronexchange@huron.uwo.ca

international@kings.uwo.ca

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







A maximum of 2.5 Western credits can be received each term.

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 l commendations to your Faculty/ cripts from the host institution	Academic C	ounsellor. Grades from yo	esponsibility to e our exchange will	mail detailed be recorded	l course as
I have read and understand the conditions (listed on this form) under which an Exchange Course Approvals Form is granted.											
Signature	of Student		Date		Signatu	re of Faculty/Academic Co	ounsellor	Date	e	_	