

Application Packet

For Participation in The University of Winnipeg Sponsored Exchange Programs

In order to process your application, the Study Abroad Coordinator must receive the following:

- 1 Completed and signed application
- 1 Photocopy of completed and signed application
- A copy of your Student History
- A Written Statement (Section 7)
- References: Three letter of reference forms (Section 6)
- Application Fee: \$35 payable to The University of Winnipeg

Special Notes:

Applications will be reviewed when all requested materials are submitted and after the application deadline. Applicants will be notified of their status by mail or email. If you have questions please contact the International Admissions Coordinator in the International Admissions office (je.michaluk@uwinnipeg.ca).



THE UNIVERSITY OF WINNIPEG

2011-2012

1 Programs

Please check the program for which you are applying and fill in the start and end dates of the program. If you wish to apply for multiple programs, submit a separate application for each. If your program is not listed here, please check with the International Admissions Coordinator to determine if you are completing the correct application. Consult the course offerings from your program of interest, and list the courses you are interested in taking.

Applicant:

Start and End Date of Program: ____/____ to ____/____
Month Year Month Year

Exchange Programs:

- AUSTRALIA
- BRAZIL
- FRANCE
- GERMANY
- TURKEY
- KOREA
- OTHER

Major:

List of Potential Courses from Host Institution:

2 Personal Information

Name

Student Number

Date of Birth: ____/____/____ _____ Gender: (circle one)

M F

Month Day Year

Country of Citizenship

Email Address

Address (local)

Street

City

Province

Postal Code

Address (permanent)

Street

City

Province

Postal Code

Permanent Telephone

Cell Phone

Will the proposed country of study require that you obtain a visa to enter the country? (circle one)

YES NO

If you are not a Canadian citizen, do you have valid immigration documents, and will they be valid at the time of your return to Canada? (circle one) YES NO

If yes, please provide copies of documents.

3 Family Contact Information

Provide contact information for TWO Next of Kin or designates. It is recommended that one of your contacts be the holder of a valid passport.

1. _____
Name Relationship Email Address

Address Street City Province Postal
Code

Home Phone Work Phone Cell Phone

2. _____
Name Relationship Email Address

Address Street City Province Postal
Code

Home Phone Work Phone Cell Phone

Who should be contacted in case of an emergency? (check all that apply)
 Contact 1 Contact 2

Which of your contacts is the holder of a valid passport? (check all that apply)
 Contact 1 Contact 2

4 Academic Information

Total Credits Completed: _____

Faculty

Academic Advisor

GPA

Major(s)

If more than one major, circle one:

COMBINED DOUBLE

Previous Overseas Travel: List countries, duration, and purpose (travel, study). Use back of sheet if necessary:

5 Conditions of Participation

I, the undersigned, upon accepting my nomination to the program by The University of Winnipeg, do hereby accept my participation in such program and agree to all terms and conditions of the program. Furthermore, I verify that I am at least eighteen (18) years of age and fully competent to sign this agreement.

1. **Personal Conduct.** I agree to participate in all aspects of the program, including orientation, instruction, excursions, and evaluation. I understand that I must adhere to the laws of the host country and the rules of the host institution. Should I violate stated rules I understand that I may be removed from the program and/or face other sanctions. If I am dismissed from the program, I will lose all academic credit and will remain responsible for all program costs incurred on my behalf.
2. **Financial Responsibility.** I agree to pay tuition for five (5) full courses to The University of Winnipeg (except for Bordeaux 3 and Bamberg, which require registration fees only) and pay for travel costs, health insurance, visa fees, living expenses and books while abroad.
3. **Health Insurance Coverage.** I understand that I will be responsible for ensuring I have adequate and appropriate health care coverage.
4. **Independent Travel.** I understand that before and after the program and during free time within the program, I may elect to travel independently at my own expense. I understand that neither The University of Winnipeg nor its staff is responsible for me while I am travelling independently.
5. **Assumption of Risk.** I understand there may be inherent risks, dangers, and hazards to which I may be exposed while participating on this trip. Upon acceptance into the program I agree to confirm acceptance in writing and sign a Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity Agreement within THIRTY (30) days.

Applicant Name

Date

6 Academic References

Please provide the names of **THREE (3) REFEREES** (these persons will write a letter of reference in your support). Two should be from your main field of study and one from a person who can comment on your linguistic ability in the foreign language, if applicable. Letters of reference should indicate in what capacity the referee knows you as well as why he or she feels you are a suitable exchange student candidate.

1. _____
Name

_____ Telephone

Position

2. _____
Name

_____ Telephone

Position

3. _____
Name

_____ Telephone

Position

7 Written Statement

Please attach a written statement explaining:

- How you would benefit, academically and otherwise, from this exchange.
- Discuss your foreign language proficiency, if applicable.
- How the courses taken at the host university fit into your program of study.
- Your expectations of this exchange.
- How you plan to finance your year at the host university.

AFTER RETURNING FROM YOUR STUDY ABROAD EXPERIENCE, WOULD YOU BE WILLING TO ACT AS A RESOURCE FOR FUTURE STUDENTS?

- Yes
 No

Academic Reference Form

This form should be given to faculty members or referees who are able to comment on your academic qualifications and/or language skills for studying abroad. The person writing the recommendation should mail this form in with their recommendation to the International Admissions Coordinator, International Admissions.

To the Applicant: Please fill out the top part of this form.

Applicant Name

Name of Host University

Deadline to Submit Reference Form to the International Admissions Coordinator:

____/____/____
Month Day Year

To the Referee: The above student is applying to participate in an exchange program through The University of Winnipeg International Student Services office. To benefit from this experience and qualify for acceptance, a student must be highly motivated, emotionally mature, and able to adapt easily to people with different cultural and social backgrounds. We would appreciate your thoughtful and candid appraisal of this applicant's academic ability and personal suitability, as well as foreign language skills if applicable. Your comments will be seen by faculty and staff members on the program selection committee.

Name of Referee

Position

Department

Institution

Phone

Email address

How long and in what capacity have you known the applicant? _____

Please return this form and your written reference by the above application deadline to:



THE UNIVERSITY OF WINNIPEG

International Admissions International
Admissions Coordinator
je.michaluk@uwinnipeg.ca
Fax: 779.3443

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Applicant Name

Name of Host University

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_____/_____/_____
Month Day Year

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Applicant Name	Name of Host University

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