U of G | Office of Registrarial Services
Enrolment Services

Undergraduate Exchange Program

Course Selection and Grade Submission Form

U of G ID Number: _____

Family Name: _____

First Name: _____

U of G Academic Program: _____

Exchange Dates:

- Start (YY/MM): _____
- Finish (YY/MM): _____

Exchange Program Name: _____

Final Credits?

- ☐ Yes
- ☐ No
- If Yes, Program Counsellor's Signature: _____

To be completed by the Program Counsellor:

- ☐ Pre-exchange assessment (courses only)
- ☐ Post-exchange assessment (courses and grades)

Host Course #	Host University Course Title	Host Grade	* U of G Course #	* Credit Weight	* Department Approval	* U of G Grade OP/P/F	* Semester

Columns labelled with * in the table above need to be completed by a Program Counsellor.

Student's Signature: _____

Date (YY/MM/DD): _____

Approvals:

Program Counsellor: _____

Date (YY/MM/DD): _____

Education Abroad Advisor, Centre for International Programs: _____

Date (YY/MM/DD): _____