



Exchange Program OSAP Supplemental Information Form (Schulich School of Business Students)

A04

Notes:

- Please complete the information in the boxes below and attach confirmation of the dates that you are providing from the host institution (e.g. Acceptance Letter from the host institution).
- Once you complete this form, print it off, and take it to the International Exchange Program Coordinator in Room W262 in the Schulich School of Business for validation and signatures.
- When applying for OSAP on the government online application, use "Exchange" as the keyword to search for the program. Make sure you choose the correct term(s).

Student Information (please print)	
Last Name/Family Name	Given Name(s)
Student Number	Phone Number and E-mail Address
Keep your information up-to-date! Make sure we have your current contact information. Visit My Personal Info on the My Student Records section of the Current Students Web site at yorku.ca/yorkweb/currentstudents/mystudentrecords	

Exchange Program Information	
Name of Host Institution (e.g. University of Copenhagen)	Country of Host Institution (e.g. Denmark)
Term(s) Away on Exchange (choose one) <input type="checkbox"/> Summer 2017 <input type="checkbox"/> Fall/Winter 2017-2018 <input type="checkbox"/> Fall 2017 <input type="checkbox"/> Winter 2018	

Start and End Dates of Host Institution Semesters	
Semester 1 Dates (dd/mm/yy) From _____ to _____	Semester 2 Dates (dd/mm/yy) From _____ to _____
Exam Dates Semester 1 (dd/mm/yy) From _____ to _____	Exam Dates Semester 2 (dd/mm/yy) From _____ to _____
Holidays Semester 1 (dd/mm/yy) From _____ to _____	Holidays Semester 2 (dd/mm/yy) From _____ to _____
Number of Mandatory Weeks of the Program* _____ <small>*Should state the number of mandatory weeks of the program (classes + exams), i.e. 26 weeks of classes + 4 weeks of exams = 30 weeks</small>	

Student's Signature	Date (dd/mm/yy)
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Office Use Only – Schulich School of Business, International Exchange Coordinator, Room W262 International and Academic Programs Coordinator's Signature _____ Date (dd/mm/yy) _____

Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.