



STUDENT EXCHANGE APPLICATION AND AGREEMENT FORM

Emily Carr University of Art + Design
International Education Office
1399 Johnston St, Vancouver, BC V6H 3R9 Canada

Tel: +01 604 630 4550
Fax: +01 604 844 3089

PERSONAL INFORMATION

Last Name:		First Name:	
Date of Birth:	____/____/____ day month year	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Country of Citizenship:			
First Language:			
If not English, have you taken a TOEFL or IELTS? <input type="checkbox"/> No <input type="checkbox"/> Yes Score: _____			

MAILING ADDRESS

Apt/Street # Address:	
City/Country:	Postal Code:
Telephone No:	E-mail Address:

EMERGENCY CONTACT

Name:	Relationship to Student:
Address:	Telephone No:

HOME INSTITUTION

Name:	Location:
Name of Mobility/Exchange Coordinator:	
Year of Current Study:	Title of Course:

PROGRAM CHOICE AT EMILY CARR

Department:	Period of Study:	<input type="checkbox"/> Fall 20____ (Sept-Dec)	<input type="checkbox"/> Spring 20____ (Jan-April)
Intended Courses: Please list courses you are interested in taking by referring to the University website at www.ecuad.ca/programs/courses (select from the "Degree Courses"). This tentative list will help us determine which program at Emily Carr suits your needs.			
Complete course schedule and registration information is provided upon acceptance. Students complete their own course registration via our website prior to arrival.			

Course Title and/or Course Number	Course Title and/or Course Number

RELEASE OF INFORMATION

Occasionally the Emily Carr Exchange Coordinator may send a group e-mail to incoming exchange students. Do you authorize the release of your e-mail address to other incoming exchange students in this manner?
 Yes No

CHECKLIST

To be enclosed with this application:

- Portfolio (digital; 10-15 labeled images)
- Two letters of support from referees
- Personal statement of intent
- Academic transcript from home institution

TERMS AND CONDITIONS

I am responsible for making all required arrangements for travel, adequate funding, health insurance and immigration documents.

I am financially responsible for myself during my period of Mobility/Exchange study. Financial assistance is not available from ECUAD to students studying under the Mobility/Exchange program.

I am responsible for finding and securing my own accommodation for my period of study.

I am responsible for registering in my courses online on the registration date assigned to me upon acceptance.

I understand that the language of instruction is English. I confirm that my English language skills are sufficient to participate in all discussions and projects without additional academic support.

I request that upon completion of studies at ECUAD, a transcript of my academic record be sent to my home institution.

DECLARATION

I declare that I have answered truthfully all questions. I confirm that all submitted work, written or in the portfolio, is my own. If admitted to the Emily Carr University, I agree to abide by the terms and conditions stated above and by University policies for the duration of my study at ECUAD.

Signature of Student

Date

PLEASE SEND COMPLETED APPLICATION TO:

International Education Office
Emily Carr University of Art + Design
1399 Johnston Street
Vancouver, BC
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CANADA

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