# 2016-17 Supplemental Information Form

## Western Students Participating in International Exchange Program

The following information is required by Western’s Office of the Registrar in order to: have your OSAP, 30% Off Ontario Tuition Grant (OTG), or Out of Province (OOP) entitlement assessed correctly; and/or have your Official Western Letter or Third Party Form request processed to include the dates you are on exchange.

### Personal Information

Last Name: ____________________  First Name: ____________________  Student Number: ____________________

### Exchange Program Information

I will be participating in an official academic exchange program through the following:

- [ ] Western University International & Exchange Student Centre
- [ ] Richard Ivey School of Business International Opportunities
- [ ] Western Law Exchange Program Office

Complete Name of Host Institution: __________________________________________ in _____________________ (Country)

### Applying for:

Choose one only:

- [ ] OSAP  [ ] 30% Off OTG Stand Alone Application
- [ ] OOP

And/Or

- [ ] Official Western Letter
- [ ] Third Party Form

Term that I will be away on exchange: (choose only one)

- [ ] Fall 2016
- [ ] Winter 2017
- [ ] Fall 2016-Winter 2017
- [ ] Summer 2017

**NOTE:** You MUST have the bottom of this form completed by your Western University Exchange Program Coordinator before returning to Student Central.

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Student Signature: ____________________  Date: ________________

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To be completed by the Exchange Program Coordinator at **Western University**.

I confirm that the above named student will be studying on The Western University Exchange Program and that the exchange term sessional dates begin on ______________________ and end on ______________________.

Are there any breaks or vacation during the Exchange Study Period for more than 28 days?  [ ] Yes  [ ] No

If the answer to the above question is Yes, please provide the breaks/vacation dates

From ______________________ to ______________________

Western Exchange Program Co-ordinator:

Name: ____________________  Signature: ____________________  Date: ________________

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Please return this form to: **Student Central**  **Western University**

Western Student Services Building * RM1120 * London, Ontario * N6A 3K7 * Canada * Telephone: 519-661-2100 * Fax: 519-850-2590

The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended. To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: [http://www.westerncalendar.uwo.ca/2016/pg5.html](http://www.westerncalendar.uwo.ca/2016/pg5.html)

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