



Application for Admission as a Visiting Student

Last Name:

First Name:

Date of Birth:

(YYYY / MM / DD)

Street Address:

City:

Prov/State:

Country:

Postal/Zip Code:

Phone:

Cell phone:

Email:

Status in Canada (select one):

Canadian Citizen

Permanent Resident

Study Permit

Other (specify)

First Language:

Home Institution:

Degree Program at Home Institution:

Proposed start term: (eg. Fall 2016)

Proposed end term: (eg. Winter 2017)

Previously registered at Guelph? No

Yes

If 'Yes', Student ID #:

I hereby certify that all statements are correct and complete and that any misrepresentation of this data or documentation may result in the cancellation of my admission and/or registration status.

Signature:

Date:

Please ensure that an official letter of permission is mailed with this form in a sealed envelope to:

**Admission Services,
University of Guelph
50 Stone Road East,
Guelph, Ontario, N1G 2W1**

OR

**A scanned letter of permission may be sent directly from your home institution to
applicant@uoguelph.ca**

Updated September, 2016