Okanagan COLLEGE

Incoming Exchange Student Admission Notification

Please provide the following personal information:

Last Name (Family Name):	First Name:	Middle Name:

Mailing Address:	Email Address:	Date of Birth (Year/Month/Day):
	Citizenship/Passport Number:	Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to answer

☐ I release and hold harmless OC, its employees, students, and agents from any and all liability for any Loss, damage, injury, or expense that I or my next of kin may suffer as a result of my participation in this Program including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program.

Preferred Accommodation:
☐ Student Housing ☐ Homestay ☐ Independent living

Emergency Contact Information – adding family member is strongly recommended

Name:	Relationship to you:	
Phone:	Country:	Email:

Please provide the following program information:

Home Institution Name:	**Home Institution Address:**
Coordinator Signature:	**Coordinator Email:**
Program and Year of Study at Home Institution:	**Mobility Category:** ☐ Exchange ☐ UMAP ☐ Double Degree
Program of Study at Okanagan College:	**Preferred Term(s) of Study at OC**

☐ Fall: Sep-Dec	☐ Spring/Summer: May-Aug	☐ Winter: Jan-Apr

For Okanagan College Use:

Dean/Chair Signature: Date:	Coordinator (Exchange): Date: