

To Be Completed By Capilano University

Student No _____ Program Name _____ Term _____

INCOMING STUDENT INFORMATION

Surname _____ Given Names _____

Email _____

Home Institution _____

COURSE SELECTION

Exchange students must take a minimum of 3 classes and can take a maximum of 4 classes. Please select at least 3 alternative classes in the case there is a scheduling conflict, the class is not offered, or you do not meet the pre requisite requirements to take the course. Once we have verified that you have met the pre requisites, you will be sent an Approved Course Selection form.

Maximum number of courses I wish to be enrolled in: _____

	Subject	Course Number	Section	Course Name
Example	BADM	101	To be completed after courses have been approved by Capilano University	Management
1				
2				
3				
4				
5				
6				
7				

DECLARATION

I understand that the information given in the registration guide is accurate at the time of publication. Capilano University reserves the right, at its discretion, and for any other reason, to make changes to programs and courses without prior notice. By signing this form I authorize a member of the Capilano University Study Abroad Office to register on my behalf.

 Student's signature

 Date (mm/dd/yyyy)