



Complete this form and upload it as a pdf with all required signatures to the UVic Application for Admission ([uvic.ca/application](http://uvic.ca/application)).  
For questions, contact Graduate Admissions and Records at [garo@uvic.ca](mailto:garo@uvic.ca).

Student Last Name:	Student First Name:
Home Institution:	Degree being pursued:

UVic Academic Department:	UVic Supervisor:
UVic Research Start Date:	UVic Research End Date:
Description of planned research activities:	
Description of arrangements regarding research resources and financial support:	

### Information for Student

By submitting this form, you confirm that you have completed the following requirements:

- Completed and submitted the required [ethics forms](#) (if applicable) if the research involves human or animal subjects. For questions, contact [ethics@uvic.ca](mailto:ethics@uvic.ca)
- Read and understood the [University of Victoria's intellectual property policy](#) and the bearing it may have on research
- Obtained personal extended health insurance coverage for the period of study at UVic
- Made accommodation arrangements for the length of stay

### Approval Signatures

<b>Home University</b> By signing below, you confirm that <b>the student named above is currently registered full-time in a graduate degree program</b> at your university, is in good academic standing, and has permission to enroll as a Graduate Visiting Research Student at the University of Victoria during the period indicated above.			
<b>Home Supervisor</b>		<b>Home Department Head or Registrar</b>	
Name:		Name:	Role:
Signature:	Date:	Signature:	Date:

<b>Host University (University of Victoria)</b> By signing below, you confirm that you have agreed to host the student's research at UVic for the period indicated above. It is the responsibility of the host supervisor to determine that the student is qualified to undertake the agreed upon research activity, and to meet regularly with the student to ensure that the research is progressing. Supervisor must be eligible to supervise as per FGS membership requirements.			
<b>UVic Supervisor</b>		<b>UVic Department Head</b>	
Name:	V#:	Name:	
Signature:	Date:	Signature:	Date: