Incoming Student Exchange Disclosure Form

Application Deadline May 1

Permission to Release Personal Information

If you anticipate that a family member or representative will be inquiring about your application on your behalf, and you wish that person to have access to that information, we require your written permission before any personal information is released.

I hereby consent to the release of information concerning my application for admissions during the evaluations period to

Name_____________________________ Relationship to you __________________________

Permission for UVic to Disclose Information to my Home Institution

I consent to the disclosure by the University of Victoria of my progress reports and/or official transcripts and any other relevant information about my conduct while on the exchange, including, but not limited to information about my academic performance, academic record or disciplinary records as may be requested by my home institution to my home institution on an interim and final basis as required. I understand that UVic will forward my official transcript to my home institution upon completion of my exchange studies.

Signature_________________________ Date __________________________

Declaration

I accept and submit myself to the statutes, rules, regulations and ordinances of the University of Victoria as authorized by the Senate and the Board of Governors and the faculty or school in which in due course I shall be registered and to any amendments thereto which may be made while I am a student of the University and I promise to observe the same. I consent and authorize the disclosure of any information to the University of Victoria by an educational institution for the purpose of verifying information provided as part of this process and I understand that an admissions or registration granted on the basis of this application may be revoked if the answers given above are untrue in any material respect.

Full Name (Printed) ____________________________

Signature_________________________ Date __________________________

NOTE: Submission of this form verifies your agreement to the terms and conditions of the University of Victoria Incoming Exchange Program.