July 2015

**DEPARTMENT OF MODERN LANGUAGES OF THE UNIVERSITY OF LETHBRIDGE**
**FRENCH VISITING STUDENT PROGRAM APPLICATION FORM**

The personal information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* (Alberta) to administer the French Visiting Student Program of the University of Lethbridge. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator, 4401 University Drive W., Lethbridge, AB T1K 3M4; 403-332-4620; foip@uleth.ca.

**NAME:**_____ **I.D.#** _____

**APPLICANT IS IN YEAR** _____ **OF**_____**PROGRAM**

**FACULTY:** _____ **MAJOR:**_____

**CITIZENSHIP:** Designate the category to which you belong:

i) Canadian citizen ☐ ii) Permanent Resident ☐ iii) Visa Student ☐

**1.** University where the semester as a Visiting Student is to be spent:_____

**2.** Semester and year applied for:_____

**3.** French COURSES COMPLETED before embarking on this Program, and GRADES:

**NOTE:** *A copy of the most recent transcript must be provided with this application.*

_____

_____

**4.** Courses to be taken at the host university:

- A minimum of three (3) courses *must* be taken to complete the FVSP requirements (French 2250, one French transfer course and one French or non-French transfer course*), and up to a maximum of five (5) courses *may* be taken in the host university.
- Indicate number, title, credits and/or hours, as well as semester in which each course is offered.
- If you are not registered in a program for non-native speakers, you will be required to list at least 2 alternate choices for all French transfer and non-French transfer courses.
- Please do not fill out this section of the form until you have had your course selection reviewed by the French Off-Campus Studies Coordinator.

**Note*:** A non-French Transfer course is a course in another discipline in which French is the language of instruction.

**A. COURSES REQUIRED TO COMPLETE FVSP**

1. ☐ French 2250: FRENCH IMMERSION (Required correspondence at predetermined dates)

2. ☐One French transfer course

_____ _____ _____

*title* *course number & semester* *hours/credits*

3☐ One French transfer course **or** ☐ One non-French transfer course

_____ _____ _____

*title* *course number & semester* *hours/credits*

**B. OPTIONAL (additional courses which may be taken as part of the FVSP)**

4☐ One French transfer course **or** ☐ One non-French transfer course

_____ _____ _____

*title* *course number & semester* *hours/credits*

AND/OR

5. ☐ One French transfer course **or** ☐ One non-French transfer course

_____ _____ _____

*title* *course number & semester* *hours/credits*

AND/OR

6. ☐ One French transfer course **or** ☐ One non-French transfer course

_____ _____ _____

*title* *course number & semester* *hours/credits*

**5.** I understand that:

1. This application form must be approved by Arts and Science Student Program Services before I can proceed with this program;
2. I am responsible for registering at and paying full tuition fees to the University of Lethbridge for FR 2250 and the optional Independent Study;
3. I am responsible for registering and paying full tuition fees to the host university for all courses to be taken there;
4. If applicable, I am responsible for planning my Independent Study Course with my Supervisor before leaving for the host university;
5. I am to send the Program Coordinator the required correspondence at the predetermined dates;
6. I am to abide by all the requirements of the French Visiting Student Program as specified in the program description that has been provided to me, INCLUDING participating in the Risk & Safety Travel Risk orientation if I will be traveling overseas;
7. You require my consent to receive copies of my transcript directly from the host university. I hereby provide my consent and I agree to arrange for two (2) copies of my transcript to be sent by the host university to the University of Lethbridge: one to the Admissions Office and one to the French Visiting Student Program Coordinator.

**SIGNATURES:**

Student_____ Date _____

Instructor_____ Date _____

Department Chair _____ Date _____

July 2015

A & S Student Program Services _____ Date _____

**NOTE: STUDENTS MUST ENSURE THAT THEY COMPLY WITH THE RESIDENCE REQUIREMENTS SPECIFIED UNDER ACADEMIC REGULATIONS IN THE UNIVERSITY OF LETHBRIDGE CALENDAR.**

**A COPY OF THIS FORM IS TO BE SENT TO:**

**(1) STUDENT (2) INSTRUCTOR (3) REGISTRAR (4) A & S STUDENT PROGRAM SERVICES (5) DEAN'S OFFICE (A&S)**