



Internationalization Office

NOMINATION FOR SCHOLARSHIP-BASED EXCHANGE

This nomination form is to be completed by the sending (home) institution's Exchange Coordinator or a representative of the appropriate International Office or Faculty.

EXCHANGE DETAILS

Academic Level	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Duration of Exchange	<input type="checkbox"/> 1 semester (4 months) <input type="checkbox"/> 5-6 months <input type="checkbox"/> 2 semesters (8 months)
Purpose of Exchange:	<input type="checkbox"/> Course-Based Exchange <input type="checkbox"/> Research-Based Exchange	Start Semester	<input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – April) <input type="checkbox"/> Spring (May – August)
Student's Name:	_____	Student's Email:	_____
Program of Study:	_____	Expected Graduation	(MM/YYYY) _____
Country of Citizenship	_____		

INSTITUTIONAL DETAILS

Nominator:	_____	Address (Street)	_____
Email address:	_____	(City)	_____
Title:	_____	(Province)	_____
Office:	_____	(Country)	_____
Institution:	_____	(Postal)	_____

ADDITIONAL REQUIRED DOCUMENTATION (email to chibbs@mun.ca)

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| 1. Proof of Citizenship | 5. Letter of invitation from research supervisor |
| 2. Proof of Full-Time Enrollment | 6. Privacy-statement signed by candidate |
| 3. Letter of Intent from the Candidate | 7. Proof of English Documentation (IELTS 6.5, TOEFL 79, CEFR C1 or equivalent) |
| 4. Letter of support from home institution | |

Memorial University protects your privacy and maintains the confidentiality of personal information. The information collected on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and will be used to by the International Centre for administrative purposes. If you have any questions concerning the collection and use of this personal information, please contact the International Program Coordinator at 1 709 864-4473.