



University of King's College

Exchange Student Application Form

ACADEMIC YEAR									
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Office Use Only	B								
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1	SURNAME (Please clearly indicate upper and lower case letters.)	PREVIOUS SURNAME (if applicable)
	<input type="text"/>	<input type="text"/>

FIRST NAME	MIDDLE NAME(S)	TITLE (Mr, Ms, Mrs, Dr)
<input type="text"/>	<input type="text"/>	<input type="text"/>

PROVINCE OR COUNTRY OF PERMANENT RESIDENCE:

PERMANENT MAILING ADDRESS

Is this a parent's address? Yes No (leave "TO" date blank unless parents moving)

Effective Date:

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

TO

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

No. and Street Apt. No.

City Prov/State Postal/Zip Code

Country PHONE NUMBER (include area code)

EMERGENCY CONTACT INFORMATION:

Effective Date:

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

TO

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

SURNAME (Please clearly indicate upper and lower case letters.)	FIRST NAME
<input type="text"/>	<input type="text"/>

MIDDLE NAME(S)	TITLE (Mr, Ms, Mrs, Dr)
<input type="text"/>	<input type="text"/>

No. and Street Apt. No.

City Prov/State Postal/Zip Code

Country PHONE NUMBER (include area code)

E-MAIL ADDRESS:

GENDER
M F

BIRTHDATE

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

IMMIGRATION STATUS (indicate one only and please provide proof of citizenship or permanent resident status)

Canadian Citizen Permanent Resident Student Visa Other Visa

DATE OF ENTRY: (Permanent Resident or Visa Only)

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Citizenship if not Canadian: _____

2 Course Selection

The exchange program offers five advanced courses offered in the 2008 Fall semester (September–December).

Please check the courses that you would be interested in completing as part of your exchange program:

- JOUR 3003 Introduction to Television
- JOUR 3004 Journalism Research
- JOUR 3122 Ethics of Journalism
- JOUR 3440 Introduction to Narrative Nonfiction
- JOUR 3660 Photojournalism

Please note that the course structure at this level includes a substantial amount of *independent* work outside a limited number of in-class hours with the faculty.

These classes are arranged according to the following time tables. Please note the times are listed according to the 24 hour clock below each class title.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			Ethics of Journalism 09:35-11:25	
			Journalism Research 11:25-12:25	
		Introduction to narrative Non Fiction 13:35-15:25		
		Journalism Research 16:35-17:25		
Photojournalism 18:35-20:25			Introduction to Television 18:35-20:25	

3 CONSENT TO DISCLOSURE FORM

To facilitate and support the application, academic counseling or other services ancillary to such activities, I consent to the following:

The University of King's College (King's) and St. Petersburg State University (SPSU) will disclose to each other the application status and course registration for each student who has concurrently applied and registered to both institutions as part of this affiliated agreement.

King's and SPSU will keep the information confidential and will share the information only with individuals within each organization that require the information for the purposes stated above. Neither organization will share the information with any other person or organization and will ensure that the information is stored in Canada. Any information that does not become a necessary part of the official academic record of the student will be destroyed within one year following the date of the last registration.

I hereby consent to the release of information under the terms outlined above:

SIGNATURE DATE _____

Name (Please Print): _____

Date of Birth (for identification purposes only) (Day, Month, Year): _____

4 DECLARATION

I hereby certify that all of the above information provided in this application is complete and correct and I authorize the University to verify any information provided as part of this application. I understand that withholding relevant information or falsification of information in this application or submitted with it may be considered grounds for non-admission, or after admission, grounds for dismissal. I agree that details concerning any falsification of information may be provided to other institutions including the Association of Universities and Colleges of Canada. I agree to the release of information to Statistics Canada for statistical purposes only. (Should you wish to have identifying information removed from StatsCan files, please go to <http://www.statcan.ca/english/concepts/ESIS/students.htm>). I agree to follow and be bound by the provisions of the Calendar, and the regulations of the University, including any revisions, deletions, or additions made to them in the future. If admitted, I agree to pay all fees associated with my registration and enrolment at the University.

SIGNATURE (*I have read the information and instructions for this application*) DATE _____

Name (Please Print): _____

This area for office use only:

Programme	Admit Type	Recommending Officer	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Decision Date
PS/Conditions:				
Comments:				