



## Application & Registration – Study Abroad Programs

Please specify the date of the Study Abroad Information Session you attended:

Date: \_\_\_\_\_



## Application Submission Information

### INFORMATION AND PROTECTION OF PRIVACY

The information that you provide on this form is collected under the authority of the University Act and Freedom of Information and Protection of Privacy Act Section 32(c). The information will be used for processing your application, facilitating your registration and maintaining an academic history. As well, this information will be used for administering, evaluating, and marketing University programs, and for statistical purposes. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. We treat your information with respect and care and use it to serve you better. If you have any questions about the collection or use of this information, contact the Director of International Education at (403) 440-6791.

### **Application Checklist:**

Please ensure you have included the following items for your application. An Application is not considered complete until all the documents listed below have been received. **Incomplete applications will not be considered.**

- Application form** – all applicable sections must be completed and/or signed
- Official Mount Royal University Transcript**
- Resume (one to two pages)** - Please include complete resume with these additional headings:
  - \*Countries lived in 4+ months
  - \*Experience working/living abroad or in / with another culture
- Summary of Specific Language Skills**- if applying to a school where classes are taught in a language other than English
- Statement of Purpose**- describing your exchange/study abroad goals. Please include:
  - Your specific learning objectives
  - How this exchange would contribute to your academic program, future career, community work and life experiences
  - How you would share your exchange experience with the MRU community and others upon your return
- Registration Confirmation E-mail from MyWorldAbroad** (Register at <https://www.myworldabroad.com/mtroyal>)

**Please submit completed application with all necessary backup documentation by the appropriate deadline to:**

The Office of International Education  
East B Building (Bissett School of Business)  
3rd Floor, Room EB 3005  
4825 Mount Royal Gate SW  
Calgary, AB T3E 6K6

### **DEADLINES**

October 1, 2019 -- for exchange spaces available for Winter 2020 (second deadline)  
February 24, 2020 -- for exchange spaces available for Spring, Summer, Fall 2020 & Winter 2021  
October 1, 2020 -- for exchange spaces available for Winter 2021 (second deadline)



## International Education Application & Registration Student Exchange and Study Abroad Programs

<b>Student Personal Information:</b>			
MRU Student Identification	MRU Faculty	MRU Program (Formal Title)	Year of Study (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )
Legal Family Name	Legal First Name	Legal Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth (DD MM YYYY)	MRU Email Address**	Alternate Email Address	
Address (Current) – Valid Until			
City		Province	Postal Code
Telephone (Home)	Telephone (Business)	Telephone (Cell)	
Address (Permanent) <i>(if different to above)</i>			
City		Province	Postal Code

**NOTE:** It is the student's responsibility to ensure that their contact information is officially updated with the Office of the Registrar at the time of application and upon return from the exchange.

**\*\*Students are responsible for checking their MRU email account regularly throughout the study abroad process including academic breaks during the year, prior to departure, while abroad and upon return.**



## Emergency Contact Information

\*Two Emergency contacts with different telephone numbers are required.

Primary Emergency Contact Information			
Name		Relationship to Student	
Mailing Address			
City	Province/State	Postal Code	Country
Telephone (Home):	Telephone (Business)	Telephone (Cell)	E-mail
Secondary Emergency Contact Information			
Name		Relationship to Student	
Mailing Address			
City	Province/State	Postal Code	Country
Telephone (Home)	Telephone (Business)	Telephone (Cell)	E-mail

- I, the applicant, hereby declare that the emergency contact information provided on this form is complete and accurate and will be valid at the time of my travel abroad.
- It is my responsibility to ensure that any updates or changes to the information are completed before my departure.
- I recognize that The Office of International Education at Mount Royal University may contact the emergency contact(s) listed above in the event of an emergency or serious situation and I hereby give them consent to do so.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Medical Information

### MANDATORY TRAVEL HEALTH AND MEDICAL INSURANCE INFORMATION

Mount Royal University (MRU) and the Office of International Education at MRU require that all students participating in student exchange, study abroad, field schools and work abroad programs obtain adequate and valid travel health and medical insurance for the duration of their time away. All students must confirm their coverage by completing a “Confirmation of Out of Country Travel Health and Medical Insurance” form after acceptance in to the program and prior to their departure from Canada. Guidance on selecting adequate insurance will be provided by the Office of International Education however each student is ultimately responsible to ensure that the insurance they purchase meets the minimum requirements as presented by MRU as well as any special requirements based on the student’s personal needs and circumstances.

Please list all medical conditions, allergies and/or concerns:

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- I agree to purchase adequate Travel Health and Medical Insurance that meets the minimum requirements of Mount Royal University and I am responsible for ensuring the coverage meets my personal needs and for making the appropriate payment for the coverage.
- I am aware that I am fully responsible for ensuring that I have updated and received all required vaccines, necessary medication, and health advice before departure from Canada.
- I understand that any medical information provided will only be shared in an emergency situation. I understand that it is my responsibility to make known any medical conditions and/or concerns to my host and to ensure I will be able to obtain necessary treatment, supplies or support if required while abroad.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Academic Information

Study Abroad Program Information		
Intended Semester of Travel (e.g.: <input checked="" type="checkbox"/> Winter 2020): <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring/Summer 20__		
Exchange Host Institution Preferences (consult most updated list of partners and research schools appropriately):		
First Choice	Country:	Institution:
Second Choice	Country:	Institution:
Third Choice	Country:	Institution:
What are your academic expectations for studying abroad?		
<input type="checkbox"/> to take courses to count mainly as my electives at MRU <input type="checkbox"/> to take courses to count as my core courses at MRU <input type="checkbox"/> to take courses for interest whether or not they count toward my MRU degree (tuition fees are still paid to MRU)		
Total number of credits (in MRU terms) expected to take at the Host Institution (courses may not be fully credited) _____ credits (between 9-15 credits per term)		
Exchange Students:		
<p>I will discuss my proposed exchange program with my Academic Advisor. I understand that this does not constitute approval for the courses I wish to take but merely indicates that the program I wish to pursue abroad is feasible, given my academic goals.</p> <p>It is my responsibility to bring back the outlines for all my courses taken at the host institution and to ensure that an official transcript is sent directly to Admissions and Recruitment at MRU upon completion of my exchange. I understand that grades for courses taken on exchange will not transfer as grades but as credits.</p>		
		Student Initials: _____
		Date: _____



## Proposed Study Plans – Partner Institutions (Options 1&2)

- To the best of your knowledge, list the courses you hope to take at your top two preferred partner institutions
- Provide a minimum of 5-6 courses, if possible, for each institution
- Discuss this study plan with your academic / faculty coordinator to ensure that the partner institution offers enough relevant courses to meet any degree requirements
- As courses offered by any institution may change, you may need to adjust your academic program while abroad
- It is your responsibility to inform your advisor of any changes to your study plan once abroad
- This Proposed Study Plan is **not** your final course registration. This is also **not** a transfer credit agreement

Student Name: \_\_\_\_\_

Partner Institution Option #1:	
Proposed Course at Partner Institution	Course Notes / Where will it transfer into MRU Program?

Partner Institution Option #2:	
Proposed Course at Partner Institution	Course Notes / Where will it transfer into MRU Program?

Additional Notes:

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## Declaration for MRU Students Participating in Student Exchange & Study Abroad Programs

**WARNING: By signing this legal document you give up certain legal rights, including the right to sue. Please read carefully.**

- It is the responsibility of each participant to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate.
- You must notify the Office of International Education at MRU if you no longer wish to be considered for the study abroad experience and ***any non refundable deposits and/or administration fees will NOT be returned to you.***
- If accepted as an exchange student by the host institution, you will receive a letter of acceptance from them that you will need when applying for any visas or permits.
- It is your responsibility to research the necessary paperwork (visas, permits, entry clearances, etc), which are required by the country you are entering and to apply for these well in advance of departure at the appropriate consulate or embassy.
- Before going, you must check with your department as to how course selection and load requirements during the exchange will fit into your program at MRU.
- I hereby recognize that participation in a study abroad student exchange program is contingent upon payment of tuition and related fees to Mount Royal University assessed on the number of credits being registered in for the semester abroad. ***Tuition fees are payable prior to departure by the deadline set by the Office of the Registrar.***
- I acknowledge that I may not be able to get credits towards my degree for courses taken on exchange without approval of my program Chair. This may necessitate taking additional semester(s) at Mount Royal (and paying the applicable tuition and fees) in order to fulfill my degree requirements.
- It is my responsibility to ensure the accuracy of my record, to inform the University and my faculty of any discrepancies in my academic record, and to update my mailing address on my record as appropriate.
- I also recognize that visa, transportation, medical insurance, living expenses (such as room and board), and all other costs related to my attendance at the host institution are my sole responsibility.
- It is also my responsibility to assure that I do not leave the host institution with any outstanding fees.
- I agree to attend the scheduled pre-departure orientation session for my specific semester abroad. Failure to attend the mandatory pre-departure orientation will result in not being able to participate in the international program.
- The Office of International Education at MRU reserves the right to compile anonymous statistics relating to gender, proposed host university, field and level of study of successful and unsuccessful applicants and to release these statistics for legitimate academic, reporting and publicity purposes.
- The Office of International Education at MRU reserves the right to contact the emergency contact provided by the student in case of an emergency.
- I certify that all statements made on this application form are true and complete.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Confidential Academic Reference #1

## TO BE COMPLETED BY THE INSTRUCTOR ACTING AS YOUR REFEREE

This student is applying for nomination to the MRU Student Exchange & Study Abroad Program. Students on an MRU exchange continue their program of study at an MRU approved partner institution. Students normally attend the partner institution for one academic term (some may attend for two) and receive transfer credit for academic coursework successfully completed there.

### STUDENT INFORMATION:

Last Name	_____	First Name	_____
MRU Student ID Number	_____	MRU Faculty	_____
MRU Program	_____	Year of Study	_____

### REFEREE INFORMATION:

Referee Name (please print) \_\_\_\_\_

Department \_\_\_\_\_

Telephone \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

How long and in what capacity have you known this student?

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On a scale of 1 to 5 (1 - poor, 5 - excellent, UC - unable to comment), please indicate your assessment of this student in comparison with other students you have known at similar stages of study.

Self-motivated about studies		Timely	
Intellectually curious		Self-reliant	
Active participant in class discussions		Flexible, adapts well	
Effective written communication skills (English)		Perceptive, aware, reflective	
Works well with other students		Articulate	
<b>Academic ability</b>		<b>General suitability to partake in study abroad</b>	

General comments for student participation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is a confidential academic reference.

Please return this completed reference in a signed and sealed envelope to the student, who will submit it along with their Exchange Application to the Office of International Education EB 3005. Please contact Jessica Mossière, Coordinator, International Education [jmossiere@mtroyal.ca](mailto:jmossiere@mtroyal.ca) or email [international@mtroyal.ca](mailto:international@mtroyal.ca) if you have any questions.



## Confidential Academic Reference #2

**TO BE COMPLETED BY THE INSTRUCTOR ACTING AS YOUR REFEREE**

This student is applying for nomination to the MRU Student Exchange & Study Abroad Program. Students on an MRU exchange continue their program of study at an MRU approved partner institution. Students normally attend the partner institution for one academic term (some may attend for two) and receive transfer credit for academic coursework successfully completed there.

**STUDENT INFORMATION:**

Last Name _____	First Name _____
MRU Student ID Number _____	MRU Faculty _____
MRU Program _____	Year of Study _____

**REFEREE INFORMATION:**

Referee Name (please print) _____	_____
Department _____	Title _____
Telephone _____	Email _____

How long and in what capacity have you known this student?

On a scale of 1 to 5 (1 - poor, 5 - excellent, UC - unable to comment), please indicate your assessment of this student in comparison with other students you have known at similar stages of study.

Self-motivated about studies		Timely	
Intellectually curious		Self-reliant	
Active participant in class discussions		Flexible, adapts well	
Effective written communication skills (English)		Perceptive, aware, reflective	
Works well with other students		Articulate	
<b>Academic ability</b>		<b>General suitability to partake in study abroad</b>	

General comments for student participation:

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This is a confidential academic reference.

Please return this completed reference in a signed and sealed envelope to the student, who will submit it along with their Exchange Application to the Office of International Education EB 3005. Please contact Jessica Mossière, Coordinator, International Education [jmossiere@mtroyal.ca](mailto:jmossiere@mtroyal.ca) or email [international@mtroyal.ca](mailto:international@mtroyal.ca) if you have any questions.

## Budget Worksheet

- We require a completed budget in order to consider your application. However, financial information will not be used in determining your suitability for exchange
- Information on this form will not be evaluated for correctness and will assist you in beginning to plan for your potential exchange
- Please note that you are responsible to ensure that you have adequate funds for your exchange
- Keep in mind that currency exchange rates may fluctuate significantly. Plan emergency funding to help deal with unexpected costs
- List all amounts in Canadian dollars. Currency Converter link: [www.xe.com/ucc/](http://www.xe.com/ucc/)

Student Name: \_\_\_\_\_

Estimated Resources For exchange period		Estimated Expenses For exchange period (CDN)	Partner Option 1	Partner Option 2	Average expenses per semester at MRU (when not on exchange)
Savings		<b>Partner Institution Name</b>			
Personal Loans		Current Exchange Rate for that country			
Financial Gifts		MRU tuition and related fees			
Student Loans		Transportation to exchange destination (airfare, etc.)			
Bursaries/ Grants		Accommodation and meals			
Scholarships		Books and supplies			
Part-time work while on exchange ( <i>not always possible, check with consulate</i> )		Health Insurance & Vaccinations			
		Local transportation			(U-Pass included in tuition)
Other _____		Personal spending			
		Recreational travel			
		Emergency funds			
		Student Visa/Permit			
		Mandatory Fees to Host Institution (participation fees, health ins., etc.)			
		Other: _____			
<b>Total Resources</b>	\$	<b>Total Costs</b>	\$	\$	\$

## International Education Acknowledgement of Responsibility & Liability Waiver Student Exchange & Study Abroad Students

**WARNING: By signing this legal document you give up certain legal rights, including the right to sue. Please read carefully.**

In consideration of being permitted to conduct study / work at / in \_\_\_\_\_ (Host Institution / Country) by International Education, Mount Royal University in Calgary, Alberta, I agree as follows:

**Section 1 - Assumption of Risks:** I understand that participation in a MRU Study / Work Abroad program (the program) will take me away from campus for an extended period of time. During this period, as specified in the Letter of Acceptance, I understand that I will be in an unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the program; and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I understand that despite its efforts, MRU may not be able to ensure my complete safety at all times from such risks and dangers.

**Initial here that you have read and understood Section 1** \_\_\_\_\_

**Section 2 - Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable MRU and Host Institution / Organization policies and laws of the host country, and to ensure that I have adequate travel, medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate MRU does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from my education or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask MRU or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against MRU in relation to such actions. I acknowledge that I have been advised by MRU of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by MRU to participate in the above mentioned Program. I recognize that MRU will not supervise any of the host institution / organization academic program, living arrangements or extracurricular activities during my participation in the Program.

**Initial here that you have read and understood Section 2** \_\_\_\_\_

**Section 3 - Liability Waiver:** I release and hold harmless MRU, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to:

- accidents;
- acts of God;
- war;
- civil unrest;
- sickness;
- transportation;
- scheduling;
- government restrictions or regulations;
- any and all expenses which I may incur while participating in the Program.

This waiver is effective for the period of time that I will be participating in the Program. I understand that this agreement cannot be modified or interpreted except in writing by MRU and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding on my heirs, next of kin, executors, administrators and assigns, in the event of death.

**Initial here that you have read and understood Section 3** \_\_\_\_\_

**I have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver.**

<b>MRU Student Identification</b>	<b>Family Name (legal)</b>	<b>First Name (legal)</b>
<b>Student Signature</b>		<b>Date</b>
<b>Witness</b>		
<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>



## International Education Agreement of Participation MRU International Programs

I, \_\_\_\_\_, hereby accept placement on a Mount Royal University study / work abroad program. I further agree with MRU as follows:

- I will pay full-time tuition fee charges to MRU for the duration of the study / work abroad program. If I do not successfully complete the study / work abroad period at the partner institution / in the host country, tuition fee refunds, grant repayments, if any, will be determined by, and are at the discretion of MRU.
- I understand that the awarding of academic credit for work done abroad is at the discretion of MRU. Hence, I acknowledge that MRU has not represented to me or given any undertaking that students of MRU participating in any study / work abroad program will automatically obtain the credits required for a particular program year. I further acknowledge that MRU shall not be responsible for ensuring the availability of course offerings at exchange partner institutions or for any disruption of studies at such institutions for any reason beyond MRU's immediate control.
- I will conduct myself in strict accordance with MRU's Student Code of Conduct and also in compliance with the policies, rules, regulations and laws prescribed by the partner institution / host country to which I am assigned. Likewise, I will be subject to the academic regulations of MRU during the period of the study / work abroad.
- My placement may be terminated early if I fail to remain enrolled full-time, fail to maintain minimum academic standards as defined by MRU and my host institution, maintain less than 70% attendance in scheduled classes, or am found in violation of laws and regulations of my host institution or country. Such termination may carry the same financial obligations as withdrawals.
- My placement will be limited to the specified period. An extension request is subject to approval in writing by both MRU and my host institution / country.
- I will inform MRU, specifically the Office of International Education, immediately if I am unable to take part in the study / work abroad after having signed this Agreement.
- I will take part in all aspects of the program, including mandatory Pre-Departure Orientation, Re-Entry Debriefing, Evaluation, Personal Report submission and will assist in the promotion of the study / work abroad programs as requested by MRU, Office of International Education and / or my home department.
- I consent to the disclosure of information to my parents, guardians, emergency contact person, Office of International Education staff at MRU and the host institution for the duration of my participation in the program.
- I will provide MRU with my updated postal and e-mail address as well as telephone number in the host country and respond to requests for information from MRU and potential study / work abroad students.
- I hereby allow the reproduction of any photographs or media that have been or will be collected or produced either by the Office of International Education or by myself and submitted to said Office.
- I will not be required to pay tuition fee charges at the partner institution for the duration of my participation. I will pay any non-tuition fees or charges levied by the partner institutions, as defined by such institution. I accept sole responsibility for the payment of all other expenses and debts incurred by me while a participant in the exchange (study abroad students only).
- I accept full responsibility for ensuring that all approvals of course selection and load requirements are obtained from my home department, including approval of course changes (study abroad students only).
- I will have the status of non-degree student at the host institution. I agree to take such courses and classes, and undergo all examinations and tests, as required by the partner institution and MRU. I will be responsible for forwarding to MRU my final academic record for the work undertaken at the host institution.

<b>MRU Student Identification</b>	<b>Family Name (legal)</b>	<b>First Name (legal)</b>
<b>Student Signature</b>		<b>Date</b>

## Testimonial and Model Release

Thank you for your support of Mount Royal. By sharing your Mount Royal experience through a personal testimonial and/or allowing the use of your photo or audiovisual recording of yourself as a champion of the institution, you will help increase the value of our ongoing work to promote the quality of Mount Royal and its strengths to key audiences.

Please review and fill out applicable sections on the following two pages, ensuring to sign and date the form on page 2.

### Testimonial Release: (to be filled out if providing a written and/or audio testimonial)

I, \_\_\_\_\_, hereby consent to and authorize Mount Royal University (MRU) or any party authorized by MRU, to use and reproduce any and all written testimonials — including my name and my relationship to MRU — which I have provided to MRU, for any purpose whatsoever — including marketing materials such as the MRU website, advertising and other institutional and recruitment marketing and communication materials — without compensation to me. All materials in which my testimonial content is included will remain Mount Royal University's property, solely and completely.

I understand that my testimonial may be edited for length, or that only portions of it may be used, and authorize such changes insofar as the content is not altered materially. I authorize use of my testimonial, in all forms, in perpetuity and I waive all copyright and moral rights to the information.

### Model Release: (to be filled out if providing photo and/or audiovisual recording)

I, \_\_\_\_\_, hereby consent to and authorize Mount Royal University (MRU) to use and reproduce any and all photographs and/or audiovisual recordings which MRU has made of me, my child or my ward on \_\_\_\_\_, 20\_\_, for any purpose whatsoever — including marketing materials such as the MRU website, advertising and other institutional and recruitment marketing and communication materials — without compensation to me. All materials in which my photo or audiovisual recording content is included will remain MRU's property, solely and completely. I authorize use of my photo and/or audiovisual recording, in all forms, in perpetuity and I waive all copyright and moral rights to the information.

**My relationship to Mount Royal is:** (please check one)

**Student** \_\_\_\_\_ Program name \_\_\_\_\_ Year(s) of study \_\_\_\_\_

**Faculty/staff** \_\_\_\_\_ Title \_\_\_\_\_ Length of employment: \_\_\_\_\_ year(s)

**Alumni** \_\_\_\_\_ Program name \_\_\_\_\_ Year of graduation \_\_\_\_\_

Current Employer and Position, if applicable \_\_\_\_\_

**I am an employer who hires students from Mount Royal** \_\_\_\_\_

Job title \_\_\_\_\_ Company name \_\_\_\_\_

Name (please print): \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I acknowledge by signing below that I have read and understood the contents of this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature if person is under 18 years-of-age:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information that you provide on this release is collected under the authority of the Post-secondary Learning Act of Alberta and Freedom of Information and Protection of Privacy Act section 33(c). It will be used to confirm authorization of the use and reproduction by Mount Royal University of testimonial(s), photograph(s) and/or audio-visual recording(s). Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have further questions about the collection or use of this information, contact Mount Royal's Office of External Relations at (403) 440-7090.

OFFICE USE ONLY

**Testimonial information:**

Mount Royal project lead (name/title): \_\_\_\_\_

Testimonial: (please include here or staple to back of form): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When/where the testimonial has been used (date, publication/location): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo/video information:**

Mount Royal project lead (name/title): \_\_\_\_\_

Photographer/videographer: \_\_\_\_\_

Event/project name: \_\_\_\_\_

Description of photo/video clip: \_\_\_\_\_

When/where the photo/video has been used (date, publication/location): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

(Do not complete information below this line)

This application has been reviewed and approved for international student exchange & study abroad program.

Jessica Mossière		
PRINTED NAME	SIGNATURE	DATE

Coordinator, International Education

Dianne MacDonald		
PRINTED NAME	SIGNATURE	DATE

Director, International Education