



OKANAGAN COLLEGE

1000 KLO Road, Kelowna, British Columbia Canada, V1Y 4X8

ADMISSION NOTIFICATION INCOMING EXCHANGE STUDENT

STUDENT INFORMATION (UMAP)		OC ID (office use only)	
Last Name (Family Name)	First Name	Middle Name	
Address			
Telephone	Email Address	Date of Birth (MM/DD/YYYY)	
Citizenship	Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer		
Home Institution Name		Program of Study	
Home Institution Coordinator Name		Home Institution Coordinator Email Address	
EMERGENCY CONTACT INFORMATION - adding family members is strongly recommended			
Last Name	First Name	Relationship to you	
Phone	Country	Email Address	
<input type="checkbox"/> I release and hold harmless OC, 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, and any and all expenses which I may incur while participating in the Program.			
OKANAGAN COLLEGE PROGRAM INFORMATION			
Program of Study			
Semester and Year of Study			
<input type="checkbox"/> Winter Semester _____ <input type="checkbox"/> Spring/Summer Semester _____ <input type="checkbox"/> Fall Semester _____ (January – April) (May - August) (September – December)			

Visit our website for information on important dates, immigration, housing and more:

okanagan.bc.ca/inbound-mobility

Printed Name and Signature

Student:

Date:

Home Institution
Coordinator:

Date:

Approved: (To be complete by Okanagan College)

Dean or Chair:

Date:

Registrar or
Designate:

Date: