

## APPLICATION FOR EXCHANGE STUDY

### Contact details

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SURNAME FIRST NAME ID NUMBER

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### Address while attending NSCAD University

STREET ADDRESS

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CITY PROVINCE/STATE POSTAL CODE

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TELEPHONE ALTERNATE TELEPHONE FAX

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EMAIL

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### Permanent address

STREET ADDRESS

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CITY PROVINCE/STATE POSTAL CODE

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TELEPHONE ALTERNATE TELEPHONE FAX

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### Program

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NSCAD DEGREE PROGRAM MAJOR CREDIT TOTAL

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SEMESTER AND YEAR OF EXCHANGE INSTITUTION FOR EXCHANGE STUDY

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### Proposal and Portfolio

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Submit a one-page type-written proposal of your exchange study.

Submit 10-15 images of recent work identified by your name and a number that corresponds to a typed list of works in which each work is identified by title, dimensions, media and date. Digital slides may be presented as a slide show, PowerPoint or Acrobat document. Design applicants may submit a purpose-specific, self-promotional package. Time-based pieces should be submitted digitally. Works should not exceed 15 minutes. Files submitted on should be readable by both Windows and Macintosh computers.

### Faculty Recommendations

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Applicants must arrange for two members of faculty, with which he/she has worked, to submit recommendations on his/her behalf, by the posted deadlines. Recommendation forms are available in the Office of Student and Academic Services.

FACULTY NAME FACULTY NAME

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### Declaration

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I hereby apply for exchange study and authorize the Registrar to release an official copy of my academic transcript to the institution to which I am applying.

SIGNATURE DATE

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## NSCAD UNIVERSITY OFF-CAMPUS/EXCHANGE AWARD APPLICATION FORM

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Applicants are evaluated by merit by the Scholarship Awards Committee. All applicants will be notified by NSCAD e-mail regarding the status of their application. All awards are applied directly to your student account.

Contact details

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SURNAME FIRST NAME ID NUMBER

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TELEPHONE ALTERNATE TELEPHONE

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Program of Study

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NSCAD DEGREE PROGRAM MAJOR / PRIMARY AREA OF STUDY

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SEMESTER AND YEAR OF EXCHANGE

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There are a few scholarships available to students studying abroad and some have criteria such as priority for students in a specific area of study or for students from a specific region. Therefore please indicate your area of study (above) and let us know if you were born in Atlantic Canada.

Yes No

### Declaration and Agreement

I declare that the information provided on this application is a complete and accurate statement. I understand that any misinterpretation resulting in the award of scholarship funds may result in having to re-pay the funds to the University. I authorize NSCAD University to verify the information contained in this application if required. I understand that the University is required to disclose names and amounts of awards to the appropriate Student Loan authorities.

In submitting this application, I recognize that the Faculty Scholarship Committee will be reviewing my transcript and academic file and may consult additional faculty members. I also understand and agree that, should I be awarded a scholarship, some information contained in this application and the completed faculty recommendation may be provided to the scholarship donor and to University Relations.

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