

SECTION 2: Academic Programs

Home Institution Information:

Name:

Mailing Address:

Website:

Advisor's Name:

Title:

Email:

Telephone:

Fax:

Area of Studies at Home Institution (Major/Minor):

Anticipated Date of Program Completion:

□□ □□ □□

Day Month Year

Proposed Course of Study as VIFP Participant:

Level of Studies: Undergraduate Master's

Period of Study: Academic Year Fall session Winter (Spring) session

Area(s) of Proposed Study:

Proposed Courses for Study :

(List in priority order by course number & name, at least 8 possible courses for each given semester)

Fall (Sept-Dec)

Winter (Jan-May)

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

4) _____

4) _____

5) _____

5) _____

6) _____

6) _____

7) _____

7) _____

8) _____

8) _____

I require 5 courses/15 credits per semester -OR- I require 4 courses/12 credits per semester

Please Note: 12 credits/4 courses is considered FULL TIME (Maximum 15 credits/5 courses per semester)

SECTION 3: Payment Information

Billing Information:

Bill Applicant/Student Account Directly

Bill Home Institution Directly

Please Note: All VIFP participants are required to pay for the following costs personally, and cannot be billed institutionally:

➡ Cost of Student ID Card

➡ Health Insurance Charges, when applicable

➡ Cost of ordering an *Official Transcript* to be sent to Home Institution at end of studies

Institutional Billing Information:

Institutional Name:

NAME Person Responsible for Bill Payment Process:

TITLE:

Email:

Telephone:

Fax:

Billing Address:

Signature of Responsible: _____

Day Month Year

SECTION 4: Transcript Release

To be completed by & signed by the Applicant:

I, _____, hereby grant permission to Julie Trigranne, Student Advisor, JMSB
(your full legal name)

U/G, to request, on my behalf, that upon completion of my VIFP studies that a copy of my Official

Transcript from Concordia University is sent directly to my home institution.

(Signature)

____|____|____|
Day Month Year