

STUDY ABROAD - EXCHANGE

An exchange program is designated by a formal agreement between two institutions. This formal agreement provides the opportunity students to study at a partner institution for the cost of tuition at their home institution. Normally the two institutions, through the appropriate academic department, determine course transfer eligibility. NIC students are able to go on exchange for one or two semesters (program dependent).

How to Apply:

1. Complete the **OGE Exchange Application Form**
2. Submit the OGE Field School Application Form via email to istudyabroad@nic.bc.ca
3. Check your NIC email for important communications and next steps

Please note, each partner institution will have their own application deadlines and requirements. Students are responsible for making note of these and following the partner institutions' instructions in addition to NIC. OGE will screen applications and nominate students to partner institutions, however it is up to the partner institution to accept or decline an applicant.

If invited to participate in an exchange, students will be required to participate fully and complete the following activities:

PRE-DEPARTURE

- Make an tuition deposit payment to NIC (note, your full tuition will be due at NIC's tuition deadlines)
- Attend 3 mandatory virtual Pre-Departure Sessions with OGE
- Complete Pre-Departure Forms and various activities with the support of OGE
- Provide copies of their Passport & Government Issued Photo ID to OGE
- Acquire a study permit/visa (if applicable) and provide a copy to OGE
- Complete a Registration of Canadians Abroad (or comparable with your country's government)
- Complete your course selection with an Academic Advisor and acquire a Letter of Permission from your Department Chair (if applicable)
- Complete various financial aid support documents (if applicable)

DURING YOUR TIME ABROAD

- Complete any academic activities as outlined in courses
- Continue to check NIC email and maintain communications with OGE

POST-TRAVEL

- Complete Post-Exchange Survey and various activities with the support of OGE
- Submit an Application for Transfer Request form and provide copies of your courses' syllabi (if you want to receive transfer credit for the course work you did abroad)
- Complete various financial aid support documents (if applicable)

OGE will register all participants in a Brightspace course associated with their Exchange which will support both pre-departure and post-travel activities.

Office of Global Engagement EXCHANGE APPLICATION FORM

Partner Institution:			
Country:		City:	
What term do you want to go on exchange? Fall Winter Both Year?			
Full Name: <i>*** Must be written exactly as it will appear on your passport ***</i>		NIC Program:	
Date of Birth (dd/mm/yyyy):		NIC Start Date (Term + Year):	
Gender: M F Other		NIC Student Number:	
NIC Email: <i>*** All email correspondence will be sent to your NIC email address ***</i>		Updated myNIC Information: I acknowledge that myNIC account is up-to-date with personal information including my mailing address, phone number(s), and emergency contacts.	
Phone Number:		Signature:	
Passport Nationality/Country:		<i>Passports must be valid for six months after your intended date of return.</i>	
Passport Number:		<i>We will require a copy of the information page of your passport for our files alongside government issued photo identification.</i>	
Passport Expiry Date (dd/mm/yyyy):		Have you recently applied for, or still need to apply for a passport? YES NO	
Have you ever been convicted of a criminal offence for which you have not been pardoned? (This may affect your ability to travel to, or transit in some countries).		YES	NO
May we release your name and email address to present or potential participants?		YES	NO

HEALTH & SAFETY SELF ASSESSMENT

Your health and safety are important to us. The information you provide will be used as a guide and will only preclude participation if essential care is not available at the foreign site, or, for students registered with the Department of Accessible Learning Services (DALs), if appropriate accommodations cannot be made by the partner institution/organization or while traveling.

Medical:	YES	NO
Do you have any pre-existing conditions, or history of medical or psychological conditions?		
Do you have any potentially life-threatening allergies?		
Do you currently receive any treatments or medications on a regular basis?		
Have you recently had any major surgeries, or been advised to have one?		
Do you have any dietary restrictions that might impact your participation in this program?		
Access:	YES	NO
Do you have any physical limitations or disabilities?		
Will your fitness level impact your ability to fully participate in the program? You may need to climb stairs, walk long distances on uneven surfaces, carry luggage, etc.		
Learning:	YES	NO
Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program?		
Other:	YES	NO
Are you currently registered with NIC's Department of Accessible Learning Service (DALs)? If yes, by signing this form you are authorizing DALs to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE.		
Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor?		
Additional Comments:		

HEALTH & SAFETY SELF ASSESSMENT CONT'D

Please read the following before signing this document below.

- I understand vaccinations may be required by the college or by the country to which I am travelling. It is my responsibility 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.
- I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended.
- I understand it is my responsibility to meet with my doctor or any other important health practitioners to discuss my personal health needs as it relates to the Study Abroad Field School program. I understand it is my responsibility to acquire all necessary medications needed to participate in the Study Abroad Field School program.
- I understand that I am responsible for ensuring I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to OGE.
- I agree to abide by the rules and regulations of North Island College, OGE, and the Study Abroad Field School program, as well as any changes that may be made to these rules while I am a student at the college.
- I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad Field School program.

The information on this form is collected under the authority of the College and Institute Act. The use of this information will be in compliance with the Freedom of Information and Protection Privacy Act. Any questions concerning the collection and use of this information should be directed to the Office of Global Engagement.

I have completed this application to the best of my abilities and understand that any inaccurate information or omissions may result in the cancellation of my participation in the Study Abroad Field School program.

Full Name:

Date (dd/mm/yyyy):

Signature: