**ELAP Scholarship Student Exchange Application**

**Plan of Study**

|  |  |
| --- | --- |
| First name | Last name |
| Email | Telephone (with country code) |
| Current Program at Home Institution | |

**Centennial Program and Course Preferences**

**Students will take between 4-6 courses during their semester at Centennial College. Every effort will be made to honour requests but exact course choices may not be available or may be full in the semester of your exchange. In this case, please provide 1-2 alternate courses.**

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| --- | --- |
| Program name | |
| **Semester**  Winter (January-April)  Fall (September-December) | Year |

|  |  |
| --- | --- |
| **Course Name** e.g. Advanced Business Communications | **Course number** ex. ENGL-253 |
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**This course selection has been approved by the Program Coordinator at student’s home institution.**

**Program Coordinator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**