

Wilfred and Zeta O'Donnell Language Travelling Fellowship

Application Form

Please print

Date: _____

Name: _____

Student Number: _____

Department: _____

Program: _____

Home Faculty: _____

Temporary address and phone #:

Permanent address and phone #:

Person to be contacted in case of Emergency:

Name _____

Address _____

Phone # _____

Host university (i.e. the university at which the applicant will be on exchange):

Term(s): ☐ Summer /Year _____ ☐ Fall/Winter/Year _____ ☐ Other (specify) _____

Proposed program of study: _____

Signature of Applicant: _____

Please return completed form to the Department Chair before the last day of classes.