

Western University 3+1+1 Agreement - Student Application



Western
Science

Department of Statistical & Actuarial Sciences

Field of Study: Actuarial Science Financial Modelling
 Statistics

Applicant Information

Legal Family Name:	
Legal Given Names:	
Gender:	
Date of Birth (yyyy/mm/dd):	
Country of Citizenship:	

Western University
Dept. of Statistical & Actuarial Sciences,
WSC 262 - 1151 Richmond Street
London, Ontario, Canada, N6A 5B7

Phone: 519 661-3607 Fax: 519 661-3813
www.stats.uwo.ca

Signatures

Once you have completed your form, please print and sign it and hand it in to your International Program Coordinator.

Student's Signature

If admitted to Western University under the terms of the 3+1+1 Agreement, I hereby agree to pay my fees by the appropriate deadlines, whether or not I have received a fee statement (Details of fees are on the Registrar's website: www.registrar.uwo.ca).

I agree to comply with the regulations of Western University as outlined in the Academic Calendar.

I agree that upon completion of my visiting year at UWO, my official UWO transcript will be forwarded to my home university.

Signature: _____

Date (yyy/mm/dd): _____

Address

Apartment #:	
Street Address:	
City:	
Province:	
Country/Code:	
Email:	
Phone:	

Current Academic Program

Institution:	
Field of Study:	
Start Date (yyyy/mm/dd):	
Expected End Date:	

Letter of Permission – Home University

This is to certify that the home university will approve the Year 4 courses taken at Western University for the student's Bachelor's degree, in accordance with the Western University 3+1+1 agreement.

Name: _____

Administrative Position: _____

Signature: _____

Date (yyyy/mm/dd): _____

If Applicable - Previous University Program

Institution:	
Degree Conferred:	
Start Date (yyyy/mm/dd):	
End Date (yyyy/mm/dd):	

Payment

\$200 CDN - Western University (Online Payment ONLY)

Office Use Only:

Year 4 Admit Term: _____ OUAC Refno: _____ UWO Student no: _____ UWO ID: _____

References

For the MSc Program - list those individuals whom you have asked to complete reference forms on your behalf.

UWO's School of Graduate and Postdoctoral Studies will be sending electronic reference requests to your references (via e-mail) once your application is received by UWO. You will receive e-mail alerts detailing the instance these requests are sent out and when they are returned by your references.

Referee #1

Title:	
First Name:	
Last Name:	
Position:	
Department:	
Email:	
Institution Name:	
Telephone:	
Fax:	
Address:	

Referee #2

Title:	
First Name:	
Last Name:	
Position:	
Department:	
Email:	
Institution Name:	
Telephone:	
Fax:	
Address:	

Statement of Academic Intent:

Please provide a brief statement of your research interest and goals within the MSc program. (1,000 characters allowed)

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Office Use Only:

Interview:____ Cumulative Average:____ English Proficiency Test:____ Year 4 Eligibility:____ MSc Eligibility:____