

**THE SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES
COLLABORATIVE PROGRAM ADMISSION FORM**



Collaborative Program: _____

Student Name: _____

Student Number: _____

Effective Term of Entrance to Collaborative Program: _____

Current Home Program and Degree: _____

Current Collaborative Program: _____
(if applicable, where student is already participating in a Collaborative Program)

Additional Notes:

Approvals

Student Signature & Date: _____

Proposed Collaborative Program Signature & Date: _____

Home Program Signature & Date: _____

Current Collaborative Program Signature & Date: _____
(if applicable)

**Please return this form to Dr Scott Schaffer, Graduate Chair of the TJ Collaborative Graduate Program, at
scott.schaffer@uwo.ca.**