

## STUDY ABROAD APPLICATION CARLETON UNIVERSITY

PROGRAM INFOR	MATION
☐ Fall term (Se☐ Winter term☐ Full Year (Se☐	(Jan-Apr) ept-Apr) of Year
ACADEMIC INFOR	MATION
Home Institution: Country: Name of Degree:	e.g. Bachelor of Biology
Level of Studies: Year:	☐ Bachelor (undergraduate) ☐ Master (graduate)  Year of a year program.  e.g. Year 2 of a 4 year program.
APPLICANT INFOR	RMATION
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First Name:	
Middle Name(s): Family Name(s):	
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Country of Citizenshi	in:			
Date of Birth:				Year
Gender:			☐ Other gende	
dender.	□ Wate	- I chiaic	- Other gende	er racinity
Applicant's Perman	ent Address	s in Home Coun	try (e.g. at pare	nts')
Street + Nr:			, , , , ,	, 
City:				
State (Bundesland):				·····
Postal Code:				·····
Country:				·····
Email Address:				
Telephone Number:	(country c	ode)		
<b>Ermergency Contact</b>	Informatio	n		
First Name:				·
Family Name:				·
Street + Nr:				
City:				
State (Bundesland):				
Postal Code:				
Country:				
Telephone Number:	(country c	ode)		
Email Address:				<del></del>
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□ CAEL				
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□ Not applicable	e*			
□ Other:				
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LINK TO PORTF	OLIO AND/OR AUDITION (only if applicable	2)
appropriate place Urbanism. In you completed years of the projects show	r portfolio is to demonstrate your level and ement at Carleton University's Azrieli School ar portfolio, please include examples of your of study at your home university and clearly identification (example: First Year, Second Year, Third Year) ries of studio themes and goals.	of Architecture and studio work from all tify the studio level of
•	es: pdf.  or portfolio digitally in landscape format as a com  or Paper portfolios are not required or desired.	pressed PDF file to
Website: I wish to include  1 2 3 4 5 additional	links.	
CURRENT COUF	RSE INFORMATION	
Please list all the Translate titles in	courses in which you are currently registered at y	our home institution.
Course Code	Course Name	Level of Studies (undergraduate /graduate)
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Add more cou	rses on the back of the	page if necessary!				
CARLETON	N COURSES - WIS	SHLIST				
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Confirmatio		tood how to enter Carleton course co	des and titles			
Rank	Rank Course Code Course Title					
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ARRANGEMENTS FOR STUDENTS WITH DISABILITIES OR SPECIAL NEEDS
If you have a disability or special needs that may require assistance at Carleton University, please provide a brief statement of assistance that you may need. The Study Abroad Program Coordinator will connect you with the appropriate person at the Paul Menton Centre for Students with Disabilities (PMC) and other student services (if needed) prior to your arrival on campus.  In the meantime, please visit <a href="www.carleton.ca/pmc">www.carleton.ca/pmc</a> or contact the PMC at <a href="pmc@carleton.ca">pmc@carleton.ca</a> or phone +1 (613) 520-6608 for more information.
<b>Please note</b> : It is the student's responsibility to contact the PMC prior to their arrival to ensure that the PMC will be able to provide the support services the student needs.
Brief statement of assistance that you may need:
DECLARATION
I hereby declare that the information provided on this application is correct and complete, including my declaration of citizenship and immigration status. I understand that misrepresentation of this data may result in cancellation of my study abroad registration at Carleton University.
Applicant Signature:  Place, Date (mm/dd/yyyy):

## Consent to Collection, Retention, and Disclosure of Information:

By submitting this Application, the Applicant hereby consents to the collection, retention, and disclosure of information regarding the Applicant in order to facilitate the study abroad contemplated by this Application. The Applicant also agrees that such collection, retention, and disclosure does not constitute breach of any rights of privacy

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held by the Applicant pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) or pursuant to the laws of the Applicant's home country or otherwise.
□ I agree (mandatory)
CERTIFICATION
All applicants must sign below.
Authorization for IEC to process the application
I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on this application form to Carleton University via an electronic online application form created and maintained by Carleton University.
Applicant Signature:  Place, Date (mm/dd/yyyy):
Please submit your application with all required documents to IEC via mail:
IEC Online GmbH
Bewerbungsbetreuung Marienstrasse 19/20
10117 Berlin Germany
Cermany
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