

# Request Form for CUGTA (Canadian University Graduate Transfer Agreement)

Home Institution  
Faculty of Graduate Studies, Lakehead University  
955 Oliver Road, Thunder Bay, ON P7B 5E1  
Phone: (807) 343-8785

Under provisions of the Agreement, it is agreed that:

**Applicant Information:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Surname Name) (First Name and Initial) (e-mail address) (Home Student Number)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Current Mailing Address) (City) (Province) (Postal Code) (Telephone Number)

Date of Birth Sex Country of Citizenship Country of Birth Immigration Status Date of Entry  
 (if non-Canadian)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  M \_\_\_\_\_ \_\_\_\_\_  Canadian Citizen  
 Y M D  F \_\_\_\_\_ \_\_\_\_\_  Landed Immigrant \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Student Visa Y M D  
 Other Visa

has permission to take the following at \_\_\_\_\_ :  
 (Host Institution)

Tuition fees are charged on a part-time basis by the host university.

Course Number	Course Title	Fees (host completes)	Credits	Term	Year

Has the applicant ever taken advantage of this or related transfer agreements? Yes / No  
 If yes, provide specifics of the course(s), host, date taken (attach details on a separate sheet).

### Approvals - Home Institution

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 (Date) (Signature/Name) (Date) (Signature/Name)  
 Department Approval Office of the Dean of Graduate Studies

### Approvals - Host Institution

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 (Date) (Signature/Name) (Date) (Signature/Name)  
 Department Approval Office of the Dean of Graduate Studies

3. \_\_\_\_\_  
 (Date) (Signature/Name)  
 Student Accounts Receivable

Return by Email: [admin.grad@lakeheadu.ca](mailto:admin.grad@lakeheadu.ca)

This request form originates at the **Home** institution, usually at the Department level. The Department completes signs and forwards it to its Graduate Studies office for approval and signature. The form is then forwarded to Graduate Studies at the **Host** institution to arrange final Departmental approval and signature. A copy of the completed form (with all of the necessary signatures) is returned to Graduate Studies at the **Home** institution. The **Host** institution retains the original.