



Full Name: \_\_\_\_\_ Major: \_\_\_\_\_

**Length of study:**

Fall  Academic Year  Spring Two-term

Base department at York 1. \_\_\_\_\_

Secondary departments (optional): 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please list your course choices in order of preference,** and be certain that you have these courses pre-approved by your home university.

	<b>Course Title</b>	<b>Course Code</b>	<b>Term</b>	<b>Credits</b>	<b>Department</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

If you have general subject requirements, please list them below (e.g., "I need one psychology class and one economics class.") Remember, you will register for courses upon arrival at York.

\_\_\_\_\_

\_\_\_\_\_

**\*Please retain a copy of this form for your records.**

