

Course Registration Form



Xperience. Xplore. Xcel.

Name of Student:

Student Number at McMaster University:

Name of Host Institution:

Study Program (Please Circle): Fall/Winter Fall Winter

Please complete this form a **two weeks** after registration at Host University and email it to
bizx@mcmaster.ca

Proof of Course Registration at Host Institution

Course Code & Title at Host Institution	Course Code & Title at McMaster University	Credits
Total Credits:		

Student's Signature:

Name of the Host Institution's Exchange Coordinator:

Signature	Date	Stamp
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