



Registrar's Office  
15 University Avenue, Wolfville, NS  
Canada, B4P 2R6  
(902) 585-1222 (phone)  
(902) 585-1081 (fax)



Registrar's Office  
260 College Street, Sherbrooke, QC  
Canada, J1M 1Z7  
(819) 822-9600 (phone)  
(819) 822-9661 (fax)



Registrar's Office  
62 York Street, Sackville, NB  
Canada, E4L 1E2  
(506) 364-2269 (phone)  
(506) 364-2272 (fax)



Registrar's Office  
5005 Chapel Square, Antigonish, NS  
Canada, B2G 2W5  
(902) 867-2160 (phone)  
(902) 867-5458 (fax)

The Maple League Visiting Student Application must be completed and submitted to the home institution before registration at the host institution can be processed.

Home/Sending Institution:  Acadia University  Bishop's University  Mount Allison University  St. Francis Xavier University  
Host/Receiving Institution:  Acadia University  Bishop's University  Mount Allison University  St. Francis Xavier University

**Applicant Information**

**Full Name:**

\_\_\_\_\_  
*Last (Family) Name                      First (Given) Name                      Middle Name                      Preferred First Name                      Student ID*

**Permanent Address:**

\_\_\_\_\_  
*Number/Street/PO Box                      Town/City                      Postal Code                      Province                      Country*

**Contact Information:**

\_\_\_\_\_  
*(       )                      (       )*

\_\_\_\_\_  
*Home Phone                      Cell Phone                      University E-mail Address*

**Current Address:**

(If different from above)

\_\_\_\_\_  
*Number/Street/PO Box                      Town/City                      Postal Code                      Province                      Country*

\_\_\_\_\_  
*Address Valid Until (Year/Month/Day)                      Current Phone Number*

**Other Information:**

Male                       Female                       Non-binary

\_\_\_\_\_  
*Gender                      Maiden Name                      Country of Citizenship*

\_\_\_\_\_  
*Date of Birth (Year/Month/Day)                      Mother Tongue                      Place of Birth (City/Town/Province)*

**Academic Information:**

Have you ever applied to or attended the host/receiving institution before?  Yes  No *If yes, when did you apply/attend? \_\_\_\_\_ yyyymm*

**I am interested in registering for the following Maple League course(s):**

Note: Student must register for applicable course(s) at their home university. Registration at host university will be processed by Registrar's Office at host university.

Academic Term	Home Course Code, Number	Course Title	Host/receiving University	Course Code, Number	Course Title	Day(s)/Time

The statements contained in this application are true and accurate to the best of my knowledge.

Signature		Date	
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