

APPENDIX 1
STUDENT PROGRAM FORM
ARTICULATION AGREEMENT
BETWEEN
CHINESE CULTURE UNIVERSITY
AND
THE UNIVERSITY OF WESTERN ONTARIO

Student Name		
Country of Citizenship/ Nationality		
Date of Birth		
E-Mail Address		
Educational Qualifications		
Date Registered at CCU		
Date Registered at Western		
Start Date of the Joint Academic Program		
Expected Completion Date of Joint Academic Program		
Proposed Dates of Study at Each Institution. Note: at least 12 months must be spent at each institution. As per the Agreement, the student will pay fees to each University as determined by these dates of study.	CCU	Western

Supervisor Details	CCU	Western
Supervisor Name		
Area of Research		
Supervisor E-Mail		
Project Details		
Proposed Thesis or Project Title (as applicable):		

Research Topic Description (Maximum 250 words)
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Financial Commitments (as applicable)	CCU	Western	Third Party
Student Financial Support			
Tuition & Ancillary Fees			
Project costs			
Other costs (provide details)			

Academic Requirements	CCU	Western
Course Work		
Seminars		
Project (if applicable)		
Details of Qualifying/Comprehensive Examination (if applicable)		
Location of Thesis Defense (if applicable)		
Composition of Master's Thesis Examination Committee (if applicable)		
Special Terms		

<p>Date: _____</p> <p>_____</p> <p>Chinese Culture University</p>	<p>Date: _____</p> <p>_____</p> <p>Dr. Linda Miller Vice-Provost, Graduate and Postdoctoral Studies, The University of Western Ontario</p>
<p>Date: _____</p> <p>_____</p> <p>Supervisor Chinese Culture University</p>	<p>Date: _____</p> <p>_____</p> <p>Dr. Kevin Mooney Supervisor OR Advisor/Graduate Chair The University of Western Ontario</p>
<p>Date: _____</p> <p>Student signature: _____</p>	