

As outlined by the Canadian Association of Graduate Studies (CAGS), Letters of Agreement for visiting students, should incorporate the following elements:

- Letterhead of host institution
- Addressed to supervisor of designated visiting research student
- Name of visiting research student
- Visitor's programme (masters, doctoral)
- Home department and institution
- Home supervisor
- Home supervisor's department and institution
- Host supervisor
- Host supervisor's department and institution
- Host supervisor's chair/head of department
- Dates of visit
- Purpose of visit
- Arrangements for intellectual property
- Arrangements for research ethics approvals
- Financial issues: stipend; travel costs; research expenses
- Research resources: equipment; space; supplies
- Arrangements for supervision during visit
- Other documents may be attached if required
- Names and signatures of:
 - Host supervisor
 - o Host head/chair
 - o Home supervisor
 - o Visiting research student.





Examples of letters Sample Letter 1. Canadian Visiting Research Student Agreement

The University of Northern Canada Dr. A. Jones Department of Chemistry University of Southern Canada Dear Dr. Jones,

This confirms the arrangements for the visit of B. Smith from October 1 to November 30 2006. I will serve as her temporary supervisor while she is working on her doctoral research in my lab.

She will receive training from our technician in the use of the equipment she requires. I understand that she is bringing her own samples, and will not be participating in my research group's experiments. As part of this work involves sampling animals, please ensure that the enclosed animal ethics form is completed and submitted as soon as possible.

We will not be paying any of her stipend or travel costs, but the costs of equipment time will be provided free of charge. In addition she will have access to a lab bench with high speed internet connections. I understand that you will cover lab supplies and that we should bill you directly for this.

I will meet on a weekly basis with Ms. Smith to ensure that her research is progressing smoothly while she is here.

Signature of host supervisor

Printed name

Signature of department head/chair

Printed name

We agree to these provisions

Signature of home supervisor Signature of visiting research student

Name of home supervisor

Name of visiting research student

cc: Graduate Dean of Home University



Sample Letter 2. Canadian Visiting Research Student Agreement

The University of Western Canada

Dr. A. Jones Department of History University of Eastern Canada

Dear Dr. Jones,

This confirms the arrangements for the visit of B. Smith from October 1 to November 30 2006. I will serve as her temporary supervisor while she is working on the archive of A Famous Canadian.

Please ensure that she has contacted our Librarian about access to the collection. Although laptops are permitted in the archives, there is no internet access.

The Department of History cannot provide office space, but it may be possible to find some temporary space in the Library. You had asked about access to housing. Our residence does have space for visiting students. Please contact them directly to book a room.

I will meet every two weeks with Ms. Smith to ensure that her research is progressing smoothly while she is here.

Signature of host supervisor

Printed name

Signature of department head/chair

Printed name

We agree to these provisions

Signature of home supervisor Signature of visiting research student

Name of home supervisor

Name of visiting research student

cc: Graduate Dean of Home University



SCHOOL OF GRADUATE STUDIES LETTER OF AGREEMENT

Visiting Graduate Student Research Authorization Form

Students: Please note that this form must be submitted and <u>all approvals must be obtained well in advance</u> of the time you plan to spend at another institution. Check the deadlines of the host institution. If this form is not received and approved in time, you may not receive permission to visit.

Last Name	First Name M	Iiddle N	ame(s)	☐ Male ☐ Female	Date of Birth (YY/MM/DD)		
Country of Citizenship	:		Immigration Status	s:			
Current Address:			Telephone Number:				
			E-mail Address:				
Name of Home Institution:			Student Number at Home Institution:				
Name of Department at Home Institution: Deg		Degr	ree Expected:	Expected	l completion date:		
Name of Host Institution:							
Have you ever attended the Host Institution? Yes No			If yes, what was your Student Number there?				
This information is collected under the authority of the provincial Universities Act, which mandates the provision of programs and services, the Freedom of Information and Protection of Privacy (FOIP) Act, the Taxation Act (Canada), and the Statistics Act (Canada). It is required to determine an applicant's eligibility for admission, to register the applicant in courses, and to assess fees. If admitted, this information will become part of the student's record and will be disclosed to relevant academic and administrative units on campus. Specific data elements will be disclosed to the Federal and Provincial governments to meet reporting requirements. For more information on the uses and disclosure of this information, contact the Administrator of the Faculty of Graduate Studies at the relevant university.							
I hereby accept and agree to abide by the statutes, rules, and regulations of the host institution while attending as a registered visiting researcher under the terms of the CAGS visiting researcher agreement							
Signature of Applicant:			Date	e:			
Brief description of p	•	ulations	of the home institu	tion gove	rning tuition.		
1. Visiting research students are subject to regulations of the home institution governing tuition.							

- 2. Deadlines in effect at both the home and host institutions must be observed.
- 3. Visiting research students must send confirmation of registration and notice of any change to the Faculty of Graduate Studies of the home institution at the time of registration at the host institution.
- 4. The host institution will not assess tuition fees but student activity fees may be charged. This form, duly signed, will be the sole authority for this fee waiver. No other documentation is required.



S C H O O L O F G R A D U A T E S T U D I E S L E T T E R O F A G R E E M E N T

AUTHORIZATION SIGNATURES

This form will not be processed without all three signatures, obtained in the order 1 to3.

The student named above is in good standing (including current fees paid) in a graduate degree program and has permission to enroll as a visiting research student under the terms of the CAGS agreement at:

(Host Institution)		during the period		
		Home Institution		
1. Department/Gradua	ate Program Approval	2. Faculty of Graduate Studies Approval		
Name (print):	Date:	Name (print):	Date:	
Signature:		Signature:		
3. Visiting Research St	tudent's Supervisor:			
Name (print):	Date:			
Signature:				
~.g		Host Institution		
4. Faculty of Graduate Studies Approval		This form must be a	ccompanied by a confirmation letter signed by the	
Name (print):	Date:		at the host institution and the head/chair of the ent. See the CAGS agreement for details.	
Signature:				

The Faculty of Graduate Studies of the Host Institution will send a copy of the completed form to the Faculty of Graduate Studies of the Home Institution and to the Department/Graduate Program of the Host Institution for distribution to the appropriate people.



