

Cross-Cultural College Certificate Program Completion Audit Form

Home University _____

Faculty _____

Year _____

Name _____
Last Name

First Name

CP Number _____

***For courses you have already taken in Groups A , B and C, check the appropriate boxes, and fill in the course title. For Group D, please fill in the titles of courses you have completed and credits earned, referring to the CP Curriculum Chart.**

***Once you fill in this audit form, please submit it to your home university's CCC administrative office. (KGU students must submit their English score showing they have fulfilled the language requirement.)**

Group A 選択必修1 2 credits from	<input type="checkbox"/> KGU Intro to Multicultural Studies	3	<input type="checkbox"/> KGU _____	3	<input type="checkbox"/> KGU _____	3	<input type="checkbox"/> KGU _____	3
	<input type="checkbox"/> MTA	3	<input type="checkbox"/> MTA	3	<input type="checkbox"/> MTA	3		
	<input type="checkbox"/> Queen's	3	<input type="checkbox"/> Queen's	3	<input type="checkbox"/> Queen's	3		
	<input type="checkbox"/> UofT	3	<input type="checkbox"/> UofT	3	<input type="checkbox"/> UofT	3		

Group B 選択必修2 2 credits from	<input type="checkbox"/> KGU Intro to International Relations	3	<input type="checkbox"/> KGU _____	3	<input type="checkbox"/> KGU _____	3	<input type="checkbox"/> _____	3
	<input type="checkbox"/> MTA	3	<input type="checkbox"/> MTA	3	<input type="checkbox"/> MTA	3		
	<input type="checkbox"/> Queen's	3	<input type="checkbox"/> Queen's	3	<input type="checkbox"/> Queen's	3		
	<input type="checkbox"/> UofT	3	<input type="checkbox"/> UofT	3	<input type="checkbox"/> UofT	3		

Group C 選択必修3 3 credits from	<input type="checkbox"/> Joint Seminar in Japan	3	<input type="checkbox"/> Global Internship in Japan	3	<input type="checkbox"/> Global Career Seminar in Japan	3		3
	<input type="checkbox"/> Joint Seminar in Canada	3	<input type="checkbox"/> Global Internship in Canada	3	<input type="checkbox"/> Global Career Seminar in Canada	3		3

Group D 選択1 9 credits from	<input type="checkbox"/> Field Study in Canadian Business	3	<input type="checkbox"/> _____	3	<input type="checkbox"/> _____	3	<input type="checkbox"/> _____	3
	<input type="checkbox"/> _____	3	<input type="checkbox"/> _____	3	<input type="checkbox"/> _____	3	<input type="checkbox"/> _____	3

Student's Signature _____
Printed Name _____

Home Univ's Academic Committee
Member's Signature _____
Printed Name _____

Date: _____
(D/M/Y)