2009 – 2010 Academic Year

SOGS Membership OPT-IN form

As an Exchange or Visiting student, I am exercising my option to opt-in to the Society of Graduate Students' membership at UWO.

Opt In Fee **$525.84 (includes annual health plan)**

Student Name: _____ _____
Surname First Name

Student Info: _____ _____
E-mail address Student Number

_____ _____ (_____)_____
Date of Birth (Month/Day/Year) Male/Female Phone Number

Home University: _____
Campus City & Province Country

Student Signature: _____ **Date:** _____

Opt-in deadline is last business day of the first month of enrolment term

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