



Application for Exchange



Student Information

Name: _____
Last First MI

Student ID: _____ SSN: _____

Date of Birth: _____ Gender: Male Female

Address: _____ US Citizen?: Yes No

Street City State Zip
Hispanic/Latino: Yes No

Telephone: _____ Email: _____

Exchange Information

Semester: _____ Year: _____ Parent Institution: OBU SGU

Course(s) desired at EXCHANGE institution

Dept/Course No	Title	Credit Hours
_____	_____	_____
_____	_____	_____

Reason(s) for participating in Exchange Program

- Graduation requirement not offered at parent institution before graduation.
- Schedule conflict with a required course.
- Course not regularly offered at parent institution.
- Other: _____

Registrar's Office/Academic Center of Parent Institution

Total academic load for semester at Parent institution: _____ Good Standing Approval: _____

Student Signature _____ Date _____

Approvals

Faculty Advisor _____ Date _____

Academic Dean _____ Date _____

Chief Academic Officer at Parent Institution _____ Date _____

Student must submit completed form to the Exchange Institution to finalize enrollment

Chief Academic Officer at Exchange Institution _____ Date _____