

YES WE MUST COALITION
COLLEGE SUCCESS FOR ALL

STUDENT EXCHANGE PROGRAM
STUDENT REGISTRATION FORM

Name _____ Today's date _____
First Last

Date of Birth ____/____/____

Mailing Address _____
Street or Dorm City State Zip

Phone: Home (Cell) _____ Work _____ Permanent _____

E-mail _____

Credits Earned ____ Credits in Progress ____ Academic Major _____ Current GPA _____

Exchange Institution (Host) _____

Home Institution _____

Home Campus Academic Advisor: Name _____

Phone Number _____ Fax Number _____ E-mail _____

Home Campus Registrar: Name _____

Phone Number _____ Fax Number _____ E-mail _____

Do you have any dietary or physical restrictions or needs that would be helpful for your Host Institution to know when planning for your stay?

Registration for Host Institution Courses

Semester and Year for which you seek to register at the host campus _____
Semester Year

If the course catalog of the host campus indicates that any of these courses require a pre-requisite, please append a page that lists the course(s) and tells how you have met the pre-requisites.

Dept.	Course Section	Title of Course	M	T	W	Th	F	S	S	No. of Credits

Required Signatures

Home Campus Academic Advisor _____ Date _____

Home Campus Student Exchange Coordinator _____ Date _____

Home Campus Registrar _____ Date _____

Student _____ Date _____

Host Campus Student Exchange Coordinator _____ Date _____

Please forward this registration with a copy of the form that certifies your health coverage, as well as an official copy of your transcript, to the Student Exchange Coordinator at the host campus. Please retain a copy of this form and the health form for your own files. For more information, visit yeswemustcoalition.org.