

Emergency Contact

Name _____ Relationship _____

Address _____
Street City State Zip

Day Phone _____ Evening Phone _____

E-mail _____ Cell Phone _____

Student Signature

_____ **Date** _____

This signature indicates student has discussed the proposed exchange and plan of study with academic and/or exchange advisor at home institution.

Home Campus Academic Advisor Signature

_____ **Date** _____

This signature indicates approval to take agreed upon course of study at host institution.

Home Campus Registrar

_____ **Date** _____

This signature indicates that this student is in good standing with a GPA of 2.5 or better.

Home Campus Dean of Residence (if applicable)

_____ **Date** _____

This signature indicates that this student is in good standing in the residence halls.

Home Campus Student Exchange Coordinator

_____ **Date** _____

This signature indicates that the coordinator has reviewed and approved the completed application.

After the form is signed, make 4 copies. Send one copy of the signed form to:

- 1) Home Campus Academic Advisor
- 2) Home Campus Student Exchange Coordinator
- 3) Home Campus Registrar
- 4) Host Campus Student Exchange Coordinator

Be sure to retain a copy of this form for your own files. If accepted, you will also be required to provide a copy of your health insurance coverage in order to register at the Host Institution.

For more information, visit yeswemustcoalition.org