



# The University of Texas-Pan American

## Office of International Programs



Application for Exchange/Visiting Program

Please Print or type:

Name: (First) \_\_\_\_\_

(Last name) \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Other Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Other E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 (as it appears on your passport)

City/Country of Birth: \_\_\_\_\_

**Passport Information:**

Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**Medical Insurance:**

Do you have International Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please include name of Insurance provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_  
 Coverage Dates \_\_\_\_\_

Expiration Date: \_\_\_\_\_  
 \*Please attach a copy of insurance coverage information

\*If you do not have insurance, you must purchase insurance before or upon arrival.

**Financial Support:**

Amount: \_\_\_\_\_ per semester

Type of Funding: \_\_\_\_\_

\*Please state amounts based on what is requested on the JI Exchange Student Application for DS-2019 form page 2.

\*Funds can be provided from personal or family funds; U.S. government agency; International Organizations; Home government scholarship/loan, UTPA assistantship or other sponsor (other than family members).

**What Semester are you applying for?:**

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Year \_\_\_\_\_

**Program of Study in Country of Origin**

College/University of Origin: \_\_\_\_\_

Major/Degree Program: \_\_\_\_\_

Minor/Degree Program: \_\_\_\_\_

Classification: \_\_\_\_\_

**Name of Exchange Program:**

- Interdisciplinary Exchange Program  
(All courses offered at UTPA)

**Select tentative courses from UTPA class schedule or [www.assist.panam.edu](http://www.assist.panam.edu). Summer sessions :( 4); Fall/Spring: (7).**

Course Number	Course Title	Professor's Name	Day and Time	Class room #

- Customized/Special Exchange Program:

Program Title: \_\_\_\_\_

- Practicum/Internship Program:

Program Title: \_\_\_\_\_

Course Title(s): \_\_\_\_\_

**Below, please read carefully and sign:**

I certify that the information provided on this application is complete and correct. I will notify the Office of International Programs of any changes that are made in the information provided above. The University of Texas-Pan American has the right to cancel any application based on the following:

- a.) false or falsified information
- b.) incomplete application
- c.) late submission of application

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submission:**

**Deadlines**

**Summer I Session: April 15<sup>th</sup> Summer Session II: May 15<sup>th</sup>**

**Fall Semester: June 15<sup>th</sup> Spring Semester: October 15<sup>th</sup>**