



Exchange/Visiting Students' Program



Student Information Form

Student ID (SS#): _____ Date of Birth: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Other Contact Number: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Other E-mail Address: _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___

Major: _____ Minor: _____

Country of Origin : _____

Please indicate term of study: Fall ___ Spring ___ Summer ___ Year ___

Please list the courses you are currently taking:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____