EXCHANGE STUDENT APPLICATION FORM

1. This application is	for: August	January			
2. Student's Name:					
_	(Family or Surname)	(First or Given]	Name)	(Middle Name)	
3. Male	Female	Date of Birth:	/	/	
		Date of Birth:	Month Day	Year	
4 Place of Birth [.]					
4. Place of Birth:	(City)	(Province)	(Count	ry)	
5. Country of Citizen	Country of Citizenship:Country of Permanent Residency:				
6. Native Language:		TOEFL Yes	No	Score	
	occupation in place of				
7. Current position of		permanent residency			
	11				
8. Current Mailing A	ddress:(Street Address)		(City)	(Country)	
10. Home University:	:				
11. Major Field of stu	ıdy:				
	of financial support yoge. Attach substantiatin			•	
				,	
University of the Pacific				\$	
A US government agency (specify) An International organization (specify)				\$	
The Bi-National Commission of the student's country				\$	
All other organizations providing support				\$	
Student's perso	onal funds (attach lette	r from Bank)		\$	
Emergency Contact:					
Name:					
Name: (Family or Surname) (First or Gi			or Given Name)		
Street:		City:			
Province:	Count	ry:	Postal Code:		
Day Phone:	Night Phor	ne:	Email:		
Relationship to Appli	cant:				

EXCHANGE STUDENT AUTHORIZATION AND UNIVERSITY OF THE PACIFIC PERMISSION

Name of applicant: _____ Term: _____

(August or January)

I. Student Authorization:

Please sign the authorization and give this form to your exchange advisor. I hereby apply to participate in the exchange program between the University of the Pacific (UOP) and my home university and authorize University of the Pacific to issue my home university a transcript of record of the course work I complete after my last semester of study. I also authorize the release of any information needed to complete my admission to the exchange program. I unconditionally and voluntarily consent to the release of such records pursuant to this request.

(Signature of Student)

(Date)

II. University Permission for Student to Participate in Exchange Program

This form must be completed by the applicant's exchange advisor and sent with the application to:

Study Abroad Advisor International Programs and Services University of the Pacific 3601 Pacific Avenue Stockton, CA 95211

The application of the above-named student is being submitted with my approval and in full accord with the current exchange agreement between the University of the Pacific and

(Name of University)

Full credit will be granted for all course work satisfactorily completed on the exchange program.