

APPLICATION FOR UNIVERSITY EXCHANGE

Acadia ID Number

Application for session>	Fall-Winter (Sept-May) <input type="checkbox"/>	Fall (Sept-Dec) <input type="checkbox"/>	Winter (Jan-May) <input type="checkbox"/>	Starting in Year
If you have previously applied to Acadia, state when:		If you did so under a different surname, please print here>		If you have previously taken courses from Acadia, state when:

Surname -Please indicate Mr./Miss/Ms/Mrs.		All Given Names (Do not use abbreviations. Underline your preferred name.)		
We recognize that documents may arrive under a different name. Please indicate any former name(s).				
Permanent Mailing Address (PO Box/Street/Apartment)		County		Telephone Number
Postal Code	Town/City	Province/State	Country	
Temporary Mailing Address (PO Box/Street/Apartment) if applicable		County		Telephone Number
Postal Code	Town/City	Province/State	Country	
Expire Date for Temporary Address: (y/m/d)		Birth Date (y/m/d)		Sex M <input type="checkbox"/> F <input type="checkbox"/>
Email Address:		Course Load Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		

Next of Kin -please indicate Mr./Miss/Ms/Mrs.			Relationship	
Address of Next of Kin			Telephone Number	
Town/City	Province/State	Postal Code	Country	
Name of Nearest Relative who Attended Acadia -Please Indicate Mr./Miss/Ms/Mrs. (for alumni records only)			Relationship	

Intended Program	EXCHANGE		
Mother Tongue English <input type="checkbox"/> Other <input type="checkbox"/> French <input type="checkbox"/>	Immigration Status Canadian <input type="checkbox"/> Permanent <input type="checkbox"/> Student Visa <input type="checkbox"/> Resident <input type="checkbox"/>	If not Canadian, Specify Country of Citizenship	

Previous Education Information - List all Institutions Attended (Use a Separate Sheet of Paper if Necessary)

	Name of School	Location (City/Town, Province, Country)	From: To:
High School:			(e.g. 09/89-06/94)
Colleges/ Universities:			
In this Current Academic Year are you Attending: (check only one)		University <input type="checkbox"/>	College <input type="checkbox"/>
		Secondary School <input type="checkbox"/>	No Educational Institution <input type="checkbox"/>

I hereby certify that all of the information provided in the application is correct. I agree to follow and be bound by the regulations of the University.

Date

Signature of Applicant