International Student Exchange Program Study Abroad Office Towson University 8000 York Road Towson, MD 21252 T. 410-704-2451 F. 410-704-4703

## International Student Exchange Application Form



**Office Use Only** 

A. Exchange Information					
Length of Exchange: One Se	mester Two Semesters				
Beginning Date: Fall Year	Spring Year				
Date of Birth (MM/DD/YYYY):					
Gender: Male Female					
B. Personal Data (please enter your name exactly as it appears on your passport					
First Name/Given Name:					
Middle Name:					
Last Name/Family Name:					
Any Previous Names:					
Street Name & Number:					
City, State/Province:					
Country & Postal Code:					
Home Telephone Number:					
E-mail Address:					
City and Country of Birth:					
Country of Citizenship:					
Country of Permanent Residence:					
Is English Your Native Language?					
If no, what is your native language?					
C. Academic Information					
Current Major/Area of Study:					
Current Minor/Concentration:					
Class standing: Undergraduate	e 🔽 Graduate				

List every college attended, beginning with the university you are currently attending:

College/University	City	Dates Attended		Maiou/Danuar	
		Start	End	Major/Degree	

Please list the courses in which you are currently enrolled:

Course Code	Course Title
1.	
2.	
3.	
4.	
5.	

## **D. Course Selection**

Exchange students may enroll in a range of courses across various disciplines from 100-400 level classes. Students will be registered in the courses of their choice provided they have undertaken equivalent prerequisite courses at their home insitution (as determined by TU) and course availability at TU. **Please list at least 8 courses of your choice as alternatives may be required.** 

	Discipline Code (e.g. HIST)	Course Number	Section Number	Credit Hours	Days	Times	Office Use Only
Ex.	HIST	347	001	3	MWF	9-10:30	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

E. Housing					
Please indicate	e your preferred housing choic	e: Off-campus On-c	ampus		
F. Emergen	cy Contact Information				
Name of Emer	rgency Contact Person:				
Telephone Nu	ımber of Emergency Contact:				
Relationship to	o Student:				
information v	vill result in cancellation of r	on this form is correct. I und registration privileges. I also a ning the unlawful use of drugs	gree to abide by the rules	•	
Applicant's	Signature			Date	
Home Instit	tution Study Abroad Coordin	ator Signature			
Please subm institution:	it the following applicatio	n materials to the Study Al	oroad or Exchange Coor	dinator at your home	
	International Student Exchang	ge Application Form			
	Official Academic Record/Transcript of your courses from your home institution				
	Proof of English language competency if English is not your native language (TOEFL or IELTS Documentation)				
	Statement of Financial Ability				
	Statement of Financial Willing	ness			
	Photocopy of the biographical information page of your passport (if available)				
	Housing Information Sheet				
	Housing Deposit Form				

Application deadlines: OCTOBER1 for spring semester MAY1 for fall semester or academic year