

<http://www.upenn.edu/grad/exchange.html>

## Exchange Scholar Program Application

The arts and sciences graduate schools of the institutions listed on the [program description](#) are participants in the Exchange Scholar Program. If you are currently in a Ph.D. program at one of these institutions (your "home institution") and wish to study for a term or academic year at another (the "visited" or "host" institution), you should read the program description and complete the application as indicated. **All approvals must be obtained two months before the registration date at the host institution.**

Please be aware that the host institution may charge an application fee or fees for services that are not covered by tuition such as health and hospitalization charges. It is your responsibility to meet these charges.

A. Complete all parts (questions 1-8). *Please print or type all information.*

1. Name \_\_\_\_\_  
Last First M.I. Social Security Number  
Student ID Number at Home Institution \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_  
Country of citizenship \_\_\_\_\_ Visa Status \_\_\_\_\_

Home Institution will continue to issue certificate of eligibility (I-20 or IAP-66)

2. In your present program:

Ph.D. Degree sought \_\_\_\_\_  
(e.g., History, Biology)

Term of initial registration \_\_\_\_\_  
(e.g., Fall 1999)

Expected completion date of degree \_\_\_\_\_  
(e.g., May 2002)

3. Quarter(s) Term(s) Semester(s) you propose to spend at the institution to be visited:  
(e.g., Fall 2003, Spring 2004)

\_\_\_\_\_

Have you ever been an Exchange Scholar before? O yes O no If so, when? \_\_\_\_\_

HOME INSTITUTION

HOST INSTITUTION

4. Name of Institution \_\_\_\_\_

5. Department or program (use official  
title from graduate school catalog) \_\_\_\_\_

6. Subfield, subject, or  
area of concentration \_\_\_\_\_

7. Address to which bills or other  
information should be sent \_\_\_\_\_

Street, Number/Apt. \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

e-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

8. Please describe your proposed plan of study during the exchange and indicate why it is essential to your degree program (continue on another sheet if necessary).

B. Provide the following information on the courses you wish to take (including dissertation research, if appropriate) at the institution to be visited. Enter information exactly as it appears in that institution's catalogue.

Term	Course number	Full course title	Credits	Instructor	Instructor's signature
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C. Sign the following statement: I hereby petition to participate in the Exchange Scholar Program and to undertake the course of study outlined above. I agree to abide by the terms and conditions of this program as well as the regulations and procedures of both institutions. I understand that violation of any of the regulations can result in my suspension from the program. I authorize the Host Institution to send a transcript of my studies to my Home Institution.

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Signature

Date

D. Funds for support for the requested period of study are available, as follows:

SOURCE	TYPE	TUITION	LIVING STIPEND
(e.g. Home Inst External, etc.)	(e.g., Fellowship, Research Assistantship, loans, etc.)	(\$ amount)	(\$ amount)

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E. Obtain the signed approval of the following individuals at your home institution:

NAME	TITLE	SIGNATURE	DATE
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1. Academic Adviser

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2. Director of Graduate Studies or Department Chair

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3. Graduate School Dean or Designated Officer

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4. Other (if applicable)

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F. Leave the form with your Graduate School Dean for processing.

**G. Graduate School Dean:**

Please forward this application to the Exchange Scholar Program coordinator at the institution the student plans to visit.

**H. Host institution coordinator:**

1. Please obtain the approval of the following persons for the student's proposed course of study at your institution

NAME	TITLE	SIGNATURE	DATE
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a. Academic Adviser, if appropriate

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b. Director of Graduate Studies or Department Chair

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c. Graduate School Dean or Designated Officer

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d. Other (if applicable)

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