

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: _____ / _____ / _____
Month Day Year

4. Place of Birth: _____
(City) (Province) (Country)

5. Country of Citizenship: _____ Country of Permanent Residency: _____

6. Native Language: _____ TOEFL _____ Yes _____ No _____ Score

7. Current position or occupation in place of permanent residency: _____

8. Current Mailing Address: _____
(Street Address) (City) (Country)

9. Current Phone: _____ Email Address: _____

10. Home University: _____

11. Major Field of study: _____

12. Give the amount of financial support you will receive from each of the following for the period of exchange. Attach substantiating documents (letter on Bank letterhead).

_____ 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 personal funds (attach letter from Bank)	\$ _____

Emergency Contact:

Name: _____
(Family or Surname) (First or Given Name)

Street: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Day Phone: _____ Night Phone: _____ Email: _____

Relationship to Applicant: _____

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.

Name: _____

Signature: _____ Date: _____

Title: _____

University: _____

Telephone: _____

Fax: _____

Email: _____