TWELVE COLLEGE EXCHANGE APPLICATION

DUE: FEBRUARY 1

College you wish to attend:		Period of atte	endance:
Name:		ID #	Class:
Major:	Major <i>A</i>	Adviser:	
Home College:			
Telephone:	Date of Birt	h:	
Parent's (or Guardian's) name:			
			Phone:
Person to be billed for fees:			
			Phone:
Please mark with an <u>asterisk</u> those course courses are acceptable to the major department to the space provided, indicate fall or space the department code, course number	oring semester, or fo	r Dartmouth, summer/win	nter/spring OR winter/spring/summ
courses are acceptable to the major departments. In the space provided, indicate fall or space.	oring semester, or fo	r Dartmouth, summer/win	nter/spring OR winter/spring/summ
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State briefly but fully your reasons for wishing to take part in the Exch further your educational goals.	ange Program. Be specific about how it will
If there are specific programs or courses which you <u>must</u> take while at	the host institution, list here:
If these courses are not available, would you still participate in the Exc	change? (circle) Yes / No

"I hereby authorize exchange of my education records between my hor obtain on request copies of any materials exchanged."	ne and nost institutions. I understand that I may
Student's Signature:	Date:
Applicant must obtain approval of Major Adviser before submitting the	e application:
Adviser's signature:	Date:

Action of home coordinator: This applicant has approval to attend the institution named for the periods.	od of
His/Her transcript is attached.	
Signature:	Date:
	D ' 1
<u>Action of host coordinator</u> : This applicant is accepted:	
Signature:	Date: