



APPLICATION FOR INTERNATIONAL EXCHANGE

Last Name	First Name	Middle
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_____ @uwplatt.edu _____

Student ID#	UWP E-mail	College	Advisor
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Major: _____ Minor: _____

Phone (local): _____ Cell Phone: _____

Current GPA: _____ Current Number of credits completed: _____

Permanent Home Address: _____

Street	Apt #	City	State	Zip Code
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University of Interest:

1st choice: _____ Semester/Year of study: _____

2nd choice: _____ Semester/Year of study: _____

Have you participated in a previous International Exchange? YES ____ NO ____

Are you planning on participating with another student? YES ____ NO ____

If so, student's name & major _____

Have you had any other type of international experience?

My Reference forms were submitted to: (We will assist you in getting them returned.)

1. _____

Name	E-mail
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2. _____

Name	E-mail
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How did you hear about the International Exchange Program?

_____ Advisor	_____ IEP Meeting	_____ Program Assistant
_____ Brochure	_____ Guest Speaker	_____ Another student
_____ International Fair	_____ Bulletin Board	_____ Residence Hall
_____ Other: _____		

List any questions you may have:

Return this application with a copy of your transcript and your Student Statement to the address above.

IEP OFFICE USE ONLY:	<input type="checkbox"/> Added to Database
Date Submitted:	<input type="checkbox"/> Notified Appropriate College Coordinator of student