

Exchange Student Information Sheet

University of Missouri-St. Louis



Please complete this form and submit it with your other application documents.

Name _____
Family or Surname First Middle

Home University _____

Mailing address to which you would like your admission materials sent

Number and Street Apt. Number

City State or Province

Postal Code Country

Current Phone _____ Permanent Phone Number _____

Fax Number _____ Permanent Email Address _____

Current Email Address _____

Semester and year you wish to begin your exchange program:

___ Fall (August - December) ___ Winter (January - May) Year: 20___

Number of semesters: ___ Fall only ___ Winter only ___ Academic Year

Level: ___ Undergraduate ___ Graduate* (must have equivalent Bachelor's degree)

**Note: Students interested in graduate study will need to submit additional materials.*

Major at Home University _____ Intended Major Study at UMSL _____

Level in Home University ___ 1st Year ___ 2nd Year ___ 3rd Year ___ 4th Year ___ Other _____

I plan to enroll in: ___ Arts & Sciences ___ Business Administration ___ Other _____

Program Coordinator at Home University

Name: _____

Email: _____

Fax: _____