INTER-UNIVERSITY GRADUATE EXCHANGE PROGRAM ENROLLMENT FORM

Note: Please read the instructions on the back of this form before proceeding.

<table>
<thead>
<tr>
<th>UM-ST. LOUIS STUDENT NUMBER</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>STUDENT LOCAL PHONE</th>
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STUDENT NAME – LAST, FIRST – PLEASE PRINT

<table>
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<tr>
<th>LOCAL ADDRESS</th>
<th>EMAIL ADDRESS</th>
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CITY, STATE, ZIP CODE

- MALE
- FEMALE

ETHNIC ORIGIN: ____________________

US CITIZEN

- YES
- NO

VISA STATUS: ____________________

DATE OF BIRTH: ________________

STUDENT SIGNATURE: ____________________

INSTITUTION #1 – (WHERE I AM CURRENTLY ENROLLED)

UNIVERSITY OF MISSOURI – ST. LOUIS

INSTITUTION #2 (WHERE I WISH TO TAKE THE COURSE LISTED BELOW) CHECK ONE:

- HARRIS-STOWE STATE COLLEGE
- ST. LOUIS UNIVERSITY
- SIU-EDWARDSVILLE
- WASHINGTON UNIVERSITY (UNIVERSITY COLLEGE COURSES EXEMPT)

<table>
<thead>
<tr>
<th>DEPARTMENT NAME</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>UNITS</th>
<th>GRADING OPTION (MUST CHECK ONE)</th>
<th>ABC</th>
<th>CR/NCR</th>
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<td>FALL SEMESTER 20___</td>
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<td>SPRING SEMESTER 20___</td>
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<td>SUMMER SEMESTER 20___</td>
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Course Title: ____________________

UMSL Course equivalency met: ____________________

Instructor Name (Please Print): ____________________

Instructor Signature (Required): ____________________ date__________________

Approval from your UM-St. Louis Department Chairperson is required

Approved by (Print): ____________________

(UM-St. Louis Department Chairperson name should be printed here)

Signature (Required): ____________________ date__________________

(UM-St. Louis Department Chairperson signature here)

Graduate Dean’s Signature: ____________________ date__________________

(when required)

THIS SECTION TO BE COMPLETED BY UM-ST. LOUIS REGISTRAR’S OFFICE

I certify that the above student is a regularly enrolled graduate student at UM-St. Louis and may enroll for the above course

UM-St. Louis ____________________

Assistant Registrar Signature (required) ____________________ Date signed ____________________

Rev 9.15.14
GENERAL INFORMATION

The purpose of the Inter-University Exchange Program is to provide an alternative for a student close to graduation, but unable to get the required coursework on the home campus.

UM – St. Louis graduate students must be enrolled in a graduate degree program at UM – St. Louis in order to participate in the Inter-University Exchange Program. However, full-time enrollment is not required. Only one course may be taken through this program. Under unusual circumstances, enrollment in a second course may be approved by the Graduate Dean. The requested course must be applicable to the student’s degree program and CANNOT be offered at UM – St. Louis during the semester the student wishes to take advantage of the Exchange Program.

The University of Missouri – St. Louis participates in an Inter-University Exchange Program with the following institutions:

Harris-Stowe State College (Summer Excluded)

St. Louis University
  *College of Social Work does not participate in the program. For course approval questions, please contact Laurence Washington at 314-977-2255.

SIU – Edwardsville

Washington University **
  **Note: Courses offered through University College at Washington University will NOT be processed. Most, but not all of these course numbers will begin with a “U”. In addition, only select courses are available at Washington University during summer semesters. For course approval, please contact Chris Deutschman at 314-935-5976.

INSTRUCTIONS

1. Complete all items. Under the Course Information section, you must obtain the signature of the instructor and your UM – St. Louis Department Chairperson. If you have participated in this program in the past, it will also be necessary for you to obtain the Graduate Dean’s signature.

2. Bring the completed form to the Registration Office, 269 Millennium Student Center

3. UM – St. Louis registration office will submit this form to the proper campus for final approval.