

INTER-UNIVERSITY GRADUATE EXCHANGE PROGRAM ENROLLMENT FORM

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

UM-ST. LOUIS STUDENT NUMBER _____ SOCIAL SECURITY NUMBER _____ STUDENT LOCAL PHONE _____

STUDENT NAME – LAST, FIRST – PLEASE PRINT _____

LOCAL ADDRESS _____ EMAIL ADDRESS _____

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) <p style="text-align: center;">UNIVERSITY OF MISSOURI – ST. LOUIS</p>		INSTITUTION #2 (WHERE I WISH TO TAKE THE COURSE LISTED BELOW) CHECK ONE: <input type="checkbox"/> HARRIS-STOWE STATE COLLEGE <input type="checkbox"/> ST. LOUIS UNIVERSITY <input type="checkbox"/> SIU-EDWARDSVILLE <input type="checkbox"/> WASHINGTON UNIVERSITY (UNIVERSITY COLLEGE COURSES EXEMPT)
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DEPARTMENT NAME	COURSE NUMBER	SECTION	UNITS	GRADING OPTION (MUST CHECK ONE)			TERM	
				ABC GRADE	CR/NCR P/F	AUDIT	FALL SEMESTER	20_____
							SPRING SEMESTER	20_____
							SUMMER SEMESTER	20_____

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

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 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.