

# INTER-UNIVERSITY UNDERGRADUATE 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 \_\_\_\_\_

<b>INSTITUTION #1 – (WHERE I AM CURRENTLY ENROLLED)</b>  <p style="text-align: center; font-weight: bold;">UNIVERSITY OF MISSOURI – ST. LOUIS</p>		<b>INSTITUTION #2 (WHERE I WISH TO TAKE THE COURSE LISTED BELOW) CHECK ONE:</b> <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)

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 undergraduate students **must** be enrolled as a **fulltime, degree seeking** student at UM - St. Louis in order to participate in the Inter-University Exchange Program. 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 as well as your UM - St. Louis Department Chairperson and College Dean.
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.