

DARTMOUTH COLLEGE - MUIR COLLEGE EXCHANGE APPLICATION

QUARTER/YEAR YOU WISH TO ATTEND DARTMOUTH: _____

NAME: _____ P.I.D. #: _____ - _____ - _____
Last First M.I.

COLLEGE: _____ MAJOR(S): _____ GPA: _____

LOCAL ADDRESS: _____
Number/Street City State Zip Code

LOCAL PHONE #: _____ E-MAIL ADDRESS: _____

PERM. ADDRESS: _____
Number/Street City State Zip Code

LIST TENTATIVE COURSES YOU WISH TO TAKE (actual courses will be chosen after student selection):

<u>DEPARTMENT</u>	<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INDICATE WHY YOU WISH TO PARTICIPATE IN THE EXCHANGE PROGRAM:

Each student submitting an application is responsible for knowing the terms of the Exchange Program (including the payment of fees) which are available in the Muir Academic Advising Office. **Furthermore, each participating student must return to UCSD for at least one quarter after attendance at Dartmouth and furnish the Muir Advising Office with a written evaluation of the program.**

Student Signature: _____

DISTRIBUTION:

- White: Dartmouth College
- Canary: UCSD (Home College)
- Pink: UCSD Registrar
- Goldenrod: Student

[] APPROVED

[] DISAPPROVED

Exchange Coordinator

Date