MUSKINGUM UNIVERSITY INFORMATION FORM FOR EXCHANGE VISITORS

Name
(last/family) (first/given) (middle)

Circle one: Male Female

Date of Birth ___________________ Place of Birth ________________________________
(month) (day) (year) (city/country)

Country of Citizenship ___________ Country of Legal Residence ________________

Permanent Address ____________________________________________________________
__________________________________________________________________________

Telephone __________________________ Fax# ________________________________

E-mail Address ________________________________

Current Address ____________________________________________________________
__________________________________________________________________________

Telephone __________________________ Fax# ________________________________

E-mail Address ________________________________

Who should be notified in case of an emergency during your period of study abroad?

Name ________________________________ Phone ( ) ________________________________

Address ____________________________________________________________
__________________________________________________________________________

E-mail Address ________________________________ Fax# ________________________________

If you are a student in your country, please give the name and location of your school/college/university:

Current Student Status: 1st Year 2nd Year 3rd Year 4th Year

Proposed dates of Program in the United States: from _________________ to _________________

Have you ever participated in a J-1 Exchange Visitor Program in the United States before? Yes No
If yes, please list the dates of your exchange program and the sponsoring agency/institution:

Financial Information: Who is funding your exchange program (flight, living expenses, etc...)? Please list stipends, scholarships, and personal funds separately.

__________________________________________________________________________
Course Selection at Muskingum University

In order to help you register for the most appropriate courses while at Muskingum, please send transcripts with this form. We need this information for advising purposes only.

Please find available courses at: www.muskingum.edu and clicking on “Muskie Link” (find instructions on using Muskie Link at www.muskingum.edu/home/registrar/downloads/muskielinkug.pdf)

List below, in order of priority, six to eight courses that you would like to take. A normal course load would be 5 or 6 courses (15 to 18 credits). Please choose 2 or 3 alternates in case your first choice is already filled. Be sure that you are looking at the correct term (e.g. Spring 2010) and that you check for time conflicts. You will need to consult the University Catalog for descriptions of the courses (www.muskingum.edu/home/registrar/academiccatalogs.html). Be certain to provide the department abbreviation, course number and section number (e.g. BUSI/341/3).

1. ________ ________ ________
2. ________ ________ ________
3. ________ ________ ________
4. ________ ________ ________
5. ________ ________ ________
6. ________ ________ ________
7. ________ ________ ________
8. ________ ________ ________

If you cannot find the courses you want, please describe your preferences below.

What is your current major field of study? _________________________

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Would you like to participate in the English bridge program? ____Yes ____No

*The English Bridge Program provides an additional class each semester which would focus on enhancing your English skills. The English Bridge Program is not recommended for students with TOEFL scores over 550 (Paper-based), 213 (Computer-based) or 79 (iBT).

If you do not need ESL instruction, would you be interested in taking a public speaking or composition course (with American students)? This has proven to be a popular way for exchange students with advanced English to improve their skills, ____Yes ____No

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The student named above has presented all qualifications for study abroad that are required by ________________________(home institution) and is certified for participation in the Muskingum University exchange program.

Home Institution Representative, Please Sign ____________________________________________

Representative’s Title __________________________________ Email _______________________

Please return this form to:
International Admissions
163 Stormont St.
New Concord, OH 43762 USA
Fax: +1-740-826-6113