

## APPLICATION FOR UNIVERSITY EXCHANGE

Acadia ID Number

<b>Application for session</b> >	Fall-Winter (Sept-May) <input type="checkbox"/>	Fall (Sept-Dec) <input type="checkbox"/>	Winter (Jan-May) <input type="checkbox"/>	Intersession (May-August) <input type="checkbox"/>	<b>Starting in Year</b>
If you have previously applied to Acadia, state when:		If you did so under a different surname, please print here>		If you have previously taken courses from Acadia, state when:	

<b>Surname</b> -Please indicate Mr./Miss/Ms/Mrs.			<b>All Given Names</b> (Do not use abbreviations. Underline your preferred name.)		
We recognize that documents may arrive under a different name. Please indicate any former name(s).					
<b>Permanent Mailing Address</b> (PO Box/Street/Apartment)			<b>County</b>		<b>Telephone Number</b>
<b>Postal Code</b>	<b>Town/City</b>	<b>Province/State</b>	<b>Country</b>		
<b>Temporary Mailing Address</b> (PO Box/Street/Apartment) if applicable			<b>County</b>		<b>Telephone Number</b>
<b>Postal Code</b>	<b>Town/City</b>	<b>Province/State</b>	<b>Country</b>		
<b>Expire Date for Temporary Address:</b> (y/m/d)		<b>Birth Date</b> (y/m/d)		<b>Sex</b> M <input type="checkbox"/> F <input type="checkbox"/>	
				<b>Course Load</b> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
<b>Email Address:</b>					

<b>Next of Kin</b> -please indicate Mr./Miss/Ms/Mrs.			<b>Relationship</b>		
<b>Address of Next of Kin</b>				<b>Telephone Number</b>	
<b>Town/City</b>	<b>Province/State</b>	<b>Postal Code</b>	<b>Country</b>		
<b>Name of Nearest Relative who Attended Acadia</b> -Please Indicate Mr./Miss/Ms/Mrs. (for alumni records only)				<b>Relationship</b>	

<b>Intended Program</b>	EXCHANGE	
<b>Mother Tongue</b> English <input type="checkbox"/> Other <input type="checkbox"/> French <input type="checkbox"/>	<b>Immigration Status</b> Canadian <input type="checkbox"/> Permanent Student Visa <input type="checkbox"/> Resident <input type="checkbox"/>	<b>If not Canadian, Specify Country of Citizenship</b>

**Previous Education Information** - List all Institutions Attended (Use a Separate Sheet of Paper if Necessary)

	Name of School	Location (City/Town, Province, Country)	From:	To:	
<b>High School:</b>					
<b>Colleges/ Universities:</b>					
<b>In this Current Academic Year are you Attending:</b> (check only one)		University <input type="checkbox"/>	College <input type="checkbox"/>	Secondary School <input type="checkbox"/>	No Educational Institution <input type="checkbox"/>

I hereby certify that all of the information provided in the application is correct. I agree to follow and be bound by the regulations of the University.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant