



**APPLICATION FOR ADMISSION
TO INTERNATIONAL EXCHANGE PROGRAMS**

HOW TO APPLY

Send the following documentation to the Office of International Education at St. Mary's College of Maryland:

1. Completed and signed application form by March 1 for fall semester study and by October 15 for spring study.
2. Two letters of recommendation. The recommendations should be from individuals who know you in an educational setting.
3. An official transcript.
4. Official notice from your bank confirming that you have access to sufficient funds to support you during the period of exchange. (This information is required for processing a visa.)

St. Mary's College of Maryland does not discriminate on the basis of race, gender, color, religion, age, handicap, national or ethnic origin, or marital status.

IMPORTANT DATA ABOUT YOU

Please print clearly

PERSONAL CONTACT INFORMATION

NAME as it appears on passport _____
Please verify for accuracy, visa issued based on name given: *Last* *First* *Middle* *Preferred*

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? Yes No GENDER: Male
If yes, please provide all other names previously known by. _____ Female

PERMANENT ADDRESS _____

PERMANENT PHONE NUMBER _____

DATES TO REACH YOU AT PERMANENT ADDRESS _____

CURRENT ADDRESS _____

CURRENT PHONE NUMBER _____

DATES TO REACH YOU AT CURRENT ADDRESS _____

E-MAIL ADDRESS _____

IMPORTANT DATA ABOUT YOU

CITIZENSHIP

Country of citizenship _____

PASSPORT: Country of Issue: _____ Number: _____ Expiration Date: _____

Please attach copies of the pages in your passport containing personal information.

BIRTH DATE _____ PLACE OF BIRTH (City, Country) _____
Month Day Year

MEDICAL INFORMATION

Do you have any significant medical condition that needs special consideration?

Yes No *If yes, please explain needs:* _____

COMPANY PROVIDING MEDICAL COVERAGE DURING YOUR EXCHANGE AT SMCM

Company Name: _____

Address: _____

Phone Number: _____

Dates of Coverage: _____

EMERGENCY CONTACT INFORMATION

The following contacts would be notified in the event of an emergency. Please select two contacts who can be reached at two different numbers.

CONTACT 1

Name: _____ Relationship: _____

Phone: _____ Fax: _____

Cell: _____ E-mail: _____

Does this contact speak English? _____ If not, which language(s) does this person speak? _____

CONTACT 2

Name: _____ Relationship: _____

Phone: _____ Fax: _____

Cell: _____ E-mail: _____

Does this contact speak English? _____ If not, which language(s) does this person speak? _____

ENROLLMENT INFORMATION

If you have any doubts as to how you should answer these questions or their meanings, you should consult the Office of International Education.

I wish to study at St. Mary's College of Maryland during:

- Academic Year (Aug-May) year: _____
- Fall term (Aug-Dec) year year: _____
- Spring term (Jan-May) year year: _____

TOEFL Score _____ Computer-based TOEFL? Yes No

I agree to study full-time and live in on-campus housing for the duration of my exchange at SMCM. Yes

ACADEMIC AREAS OF INTEREST

At my home institution, my major(s) is (are): _____

I am also interested in the following disciplines of study:

- | | | |
|---|---|---|
| <input type="checkbox"/> Anthropology/Sociology | <input type="checkbox"/> Economics | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Art | <input type="checkbox"/> Business Concentration | <input type="checkbox"/> Physics |
| o Art History | <input type="checkbox"/> English | <input type="checkbox"/> Political Science |
| o Studio Art | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Pre-Professional Studies
(Dent., Law, Med., Vet.) |
| <input type="checkbox"/> Biology | <input type="checkbox"/> History | <input type="checkbox"/> Psychology |
| o Aquatic | <input type="checkbox"/> Human Studies | <input type="checkbox"/> Public Policy |
| o Botany | <input type="checkbox"/> Independent Student-designed | <input type="checkbox"/> Religious Studies |
| o Cellular & Molecular | <input type="checkbox"/> Liberal Arts | <input type="checkbox"/> Teacher Certification
(with designated major) |
| o Environmental Studies | <input type="checkbox"/> Mathematics | o Elementary (K-8) |
| o Zoology | o Theoretical Mathematics | o Secondary (6-12) |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Music | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Computer Science | o Vocal | |
| <input type="checkbox"/> Dramatic Arts | o Instrumental | |
| | <input type="checkbox"/> Natural Science | |

Please describe your goals for study while on exchange at SMCM. Your response will help the Office of International Education to advise you regarding course selection.

Please review the courses offered for the semester you plan to attend. Courses can be found on the College Web site at www.smcm.edu/registrar/ under "Schedule of Classes." From this schedule, select eight (8) courses that you would like to take offered during the first semester you plan to attend and list below in order of preference. (If courses are not yet available for the upcoming semester you plan to attend, please submit course preferences to the Office of International Education after the schedule has been published.)

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

