

Exchange Scholar Program Application

EXCHANGE SCHOLAR INFORMATION

First name _____ Middle name _____

Last name _____

Preferred name (if applicable) _____

Home institution _____

Student ID number _____

Date of birth _____ Gender _____

Home institution email address _____

Country of citizenship _____

Birthplace (city, state, country) _____

Visa status (international students only, F-1 or J-1) _____

[For students in the U.S. on a student visa, the home institution will continue to issue certificate of eligibility (I-20 or IAP-66).]

Your degree program _____

Your current year of study _____

Term of initial registration or enrollment _____

Expected completion date of degree _____

Proposed term(s) of attendance at Yale (e.g., Fall 2020, Spring 2021) _____

Yale department or program you want to be affiliated with _____

Yale faculty adviser name _____

Yale faculty adviser title _____

Yale faculty adviser email _____

Please describe your proposed plan of study during the exchange and indicate why it is essential to your degree program. (Attach another page if necessary.)

If you plan to enroll in courses at Yale, please provide the following information on the courses you wish to take. Enter information exactly as it appears in Yale's course offerings. If the home institution and Yale require permission from the instructor, email permission from instructor(s) may be accepted only if it is from the university email account of the instructor and explicitly states the course number, title and term. Note that some host institution departments may not allow enrollment in their courses to exchange students.

Term	Course number	Course Title	Instructor
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Ordinarily students will not receive any financial support from the host institution. Will any financial support come, or be paid through, the host institution, for example as an assistantship in research or teaching fellowship? YES _____ NO _____

[If yes, and if you are an international student on a visa, you must contact the visa office at your home institution, as well as the visa office at the host institution, prior to your arrival.]

Do you require support from the Accessibility or Disability Services Office at the host institution?
YES _____ NO _____

[Note: If yes, contact the relevant office at your home institution and ask that that office make contact with the relevant office at Yale.]

I hereby petition to participate in the Yale Exchange Scholar Program and to undertake the course of study outlined above. I agree to abide by the terms and conditions of this program, as well as the regulations and procedures of both institutions. I understand that violation of any of the regulations can result in my suspension from the program. I authorize the transfer of courses and/or research conducted with a particular faculty member at Yale to my home institution record and understand that I may need to request this transfer separately.

Student signature _____ Date _____

A. Home institution approvals

Obtain the signed approval of the following individuals at your **home institution**. Emailed approvals may be accepted by the administrative contact only if they are from the university email account of the signer and explicitly state the exchange dates and host institution, as well as approval of participation as described in the application.

1. **Academic Adviser** (Name, title, signature and date)

2. **Director of Graduate Studies or Department Chair** (Name, title, signature and date)

3. **Administrative Contact for Exchange** (Name, title, signature and date)

B. Submission

Submit this form to your **home institution** administrative contact for processing. Only the administrative contact may forward applications to the host institution.

C. Home Institution Administrative Contact

The home institution administrative contact should review this application. If approved, please make sure your signature appears above and then forward this application to the administrative contact at Yale the student plans to visit.

D. Yale Graduate School Administrative Contact

Please obtain the approval of the following persons for the student's proposed course of study at your institution. Emailed approvals may be accepted if they are from the university email account of the signer and explicitly state the exchange dates and host institution, as well as approval of participation as described in the application.

Yale Graduate School of Arts and Sciences Approvals

1. **Academic Adviser** (Name, title, signature and date)

2. **Director of Graduate Studies or Department Chair** (Name, title, signature and date)

3. **Administrative Contact for Exchange** (Name, title, signature and date)

E. A complete and signed application will be held at Yale for administrative processing. Copies of the complete and signed application should be returned to the student and to the administrative contact at the student's home institution.