

Career Center
International Study Programs
Box 5620, Potsdam, NY 13699-5620
Phone: 315-268-6477 Fax: 315-268-7616



INCOMING EXCHANGE STUDENT APPLICATION

(Please type or print clearly)

Name (exactly as on passport) _____
(given name or names) (surname/last/family name)

Home University _____

Program Coordinator Name _____

Coordinator Email _____

Indicate proposed length of Study

Fall Semester (Late August to December) _____ Year _____

Spring Semester (January to May) _____ Year _____

Intended Length of Study

- 1 Semester
 2 Semesters

Current Mailing Address

(until what date) _____

Phone Number _____

Home Mailing Address

Phone Number _____

Email Address: _____

Date of Birth: Day _____ Month _____ Year _____ Gender: Male Female

Citizenship: _____ Country of birth: _____

Level of Study (Undergraduate/Graduate) _____

Academic Major/Course of Study: _____

Incoming Exchange Student Application

List the courses you wish to take at Clarkson:

IMPORTANT: Refer to the following website: www.clarkson.edu/sas; click on course information/master schedule; click on the appropriate semester to view courses offered in the semester you plan to attend Clarkson University.

Please rank order 4 primary choices and at least 2 alternative choices:

Fall Semester:

Spring Semester:

Course #

Course Name

Course #

Course Name

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a copy of your most recent transcript.

I declare that to the best of my knowledge the information that I have supplied in this application is correct and complete.

Signature _____ Date _____