

# Exchange Student Application Form

## Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037

PHONE 229.333.7410 • FAX 229.245.3849 • WEB [www.valdosta.edu/cip/](http://www.valdosta.edu/cip/)

Term Applying For:  Fall  
 Spring 20 \_\_\_\_\_

Length of study:  One Semester  
 Two Semesters

### Document Checklist

- Application Form
- Statement of Financial Responsibility
- Letter of Good Standing (from Home Institution)
- Official Transcripts
- Personal Statement
- TOEFL, IELTS, or English Proficiency Letter (from Home Institution)
- 1 Passport Photo
- Insurance Form
- Copy of Passport
- DS-2019 Request Form

Please mail required documents to:

Irina McClellan  
Assistant Director  
Center for International Programs  
Valdosta State University  
204 Georgia Avenue  
Valdosta, GA 31698-0037  
[studyabroad@valdosta.edu](mailto:studyabroad@valdosta.edu)

Do not hesitate to contact us if you have any questions, comments, or concerns.

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Application Form

### Personal Information

Name \_\_\_\_\_  
Last (Family) First/Given Middle/Maiden

Gender  Female  Male

Mailing Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State/Province Postal Code Country

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code Number Country Code Area Code Number

E-mail Address \_\_\_\_\_

Permanent Home Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State/Province Postal Code Country

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code Number Country Code Area Code Number

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Passport # \_\_\_\_\_

Native Language  English  Other (Please specify) \_\_\_\_\_

Do you have a U.S. Visa?  Yes  No

If Yes, What type? \_\_\_\_\_ Expiry Date \_\_\_\_\_

Are you a U.S. Permanent Resident?  Yes  No

If Yes, What's your Alien Registration #? \_\_\_\_\_

Do you have any relatives who attend/attended Valdosta State University?  Yes  No

If Yes, please indicate name and year of graduation \_\_\_\_\_  
\_\_\_\_\_

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### Educational Information

Home University \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Institutional Coordinator \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code Number Country Code Area Code Number

E-mail Address \_\_\_\_\_

Field of Study at your home university \_\_\_\_\_

Intended Field of Study at Valdosta State University \_\_\_\_\_

List of courses you are interested in taking (Course Catalog available at [www.valdosta.edu/catalog](http://www.valdosta.edu/catalog) )

Code	Course

### Test Information

Results of the Test of English as a Foreign Language (TOEFL) , or the International English Language Testing System (IELTS) are required of all candidates whose native language is not English.

Date on which you have taken or plan to take this test (mm/dd/yyyy) \_\_\_\_\_

Total score (if known) \_\_\_\_\_

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### Academic Information

Institution	City/Country	Dates of Attendance		Diploma or Certificate	Year of Graduation
		From	To		