



OFFICE OF THE REGISTRAR

Registrar, 1156 High Street, Santa Cruz, CA 95064  
Phone (831) 459-4412 • FAX (831) 459-5051  
registrar@ucsc.edu

## 2018-19 DOMESTIC EXCHANGE PROGRAM APPLICATION

Note: The last day to submit this application to the Office of the Registrar is March 1.

After March 1, contact [sp-regis@ucsc.edu](mailto:sp-regis@ucsc.edu) for assistance.

For more information, see [the Domestic Exchange Programs webpage](#).

### REQUESTOR

Name (Last, First, Middle) \_\_\_\_\_

Student ID \_\_\_\_\_ Birthdate \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Total credits (including this quarter) \_\_\_\_\_

### ACADEMIC LEVEL

Frosh      Sophomore      Junior      Senior

### CONTACT

Mailing Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### FINANCIAL AID

I expect to receive UCSC financial aid during the exchange period. Yes      No

### PREFERENCES

#### University

University of New Hampshire

University of New Mexico

#### Period

2018-19 Academic Year

2018 Fall Semester Only

2019 Spring Semester Only

Please complete page 2 and the Proposed Course Study Plan beginning on page 3.



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Describe your interest in the University of New Hampshire or the University of New Mexico and your expectations regarding a period of study there next year. Please include your assessment of how the academic experience will assist you in completing your graduation and major requirements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit to the Office of the Registrar (190 Hahn Student Services) your completed application, and your Proposed Course Study Plan (see page 3) approved by your Department and College (page 5), by March 1. After March 1, contact [sp-regis@ucsc.edu](mailto:sp-regis@ucsc.edu) for assistance.



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### PROPOSED COURSE STUDY PLAN

All students applying for the Exchange Programs at University of New Hampshire and University of New Mexico must obtain the approval of their Department and College. Please note: the College *should not approve this form without prior approval of the Department*. This approval serves to assess whether the exchange experience will have a negative impact upon the participant's progress toward graduation.

### REQUESTOR

Name (Last, First, Middle) \_\_\_\_\_

Student ID \_\_\_\_\_ College \_\_\_\_\_ Major \_\_\_\_\_

Date of declaration \_\_\_\_\_ Planned Graduation Date \_\_\_\_\_

### GENERAL EDUCATION REQUIREMENTS COMPLETED (ENTER THE DATE COMPLETED.)

CC	SR	PR-C
ER	TA	PR-E
IM	PE-E	PR-S
MF	PE-H	C1
SI	PE-T	C2
DC		

### MAJOR REQUIREMENTS COMPLETED (LIST THE REQUIREMENT AND ENTER THE DATE COMPLETED.)



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WORK IN PROGRESS/WORK PLANNED PRIOR TO EXCHANGE

COURSES IN PROGRESS

COURSES PLANNED

WORK PLANNED FOLLOWING THE EXCHANGE

List the courses you plan to take upon return to UCSC. Indicate in parentheses ( ) the quarter during which you intend to take each course. Use additional paper if necessary.



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### DEPARTMENT APPROVAL

The Department **approves** Exchange Program participation for this student.

The Department **does not approve** Exchange Program participation for this student.

Department Adviser Name \_\_\_\_\_

Department Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Adviser Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### COLLEGE APPROVAL

The College **approves** Exchange Program participation for this student.

The College **does not approve** Exchange Program participation for this student.

College Adviser Name \_\_\_\_\_

College Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

College Adviser Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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### OFFICE USE ONLY

The Domestic Exchange Commission **approves** Exchange Program participation for this student.

The Domestic Exchange Commission **does not approve** Exchange Program participation for this student.

Date \_\_\_\_\_