THE GEORGE WASHINGTON UNIVERSITY
THE ELLIOTT SCHOOL
OF INTERNATIONAL AFFAIRS

EXCHANGE STUDENT APPLICATION (INBOUND)

Fall semester (September to December)	(year)
or Spring semester (January to May)	(year)

GENERAL INFORMATION

Name:						
Last/ Fam	ily Name Fir	st Name	Middle Name			
Date of Birth: (month/day/y	ear)					
Gender: □ Female □ M	ale					
Country of Citizenship:			Attach a recent photo			
Country of Legal Permaner	nt Residence:		here			
Home Institution:						
Degree program:						
Mailing Address:						
Stre	et		Apt.			
City	State	Postal Code	Country			
Telephone:	Fax:		Email:			
Emergency Contact Details:						
Emergency Address:	Name		Relationship			
Stre	et		Apt.			
City	State	Postal Code	Country			
Emergency Telephone:	Emergency Fax:		Emergency Email:			
ACADEMIC INFORMATION & TRANSCRIPTS List the universities or other institution(s) of higher education attended from which you have earned a degree and attach official transcripts.						

	program. By s	or Other Officer: Please discuss with the student his/her plans for the exchange gning this form, you indicate your institution's approval for this student to participate in with the GW Elliott School of International Affairs:	
	Name:		
	Signature:		
	Title:		
	Institution:		
	Phone:	Email:	
ΕN	NGLISH PROFIC	IENCY	
	I have taken the report. I have	English speaker and/or English is the official language in my home country. The TOEFL/IELTS and achieved the minimum scores. Enclosed is the official score not yet taken the TOEFL/IELTS but have scheduled an exam on The cannot make an exchange offer until official scores are provided.	
0	THER MATERIA	_S	
		er materials as indicated on the cover sheet (One Letter of Recommendation; Current and Financial Certificate Form; Passport Information)	
SI	GNATURE		
at res thi sul	the Elliott School a serves the right to c s application becon	e information provided here is complete and accurate. I have researched the courses offerend have a plan for my study there. I understand that The George Washington University uncel or alter courses without notice. I understand that all credentials submitted in support of the property of the Elliott School for International Affairs and will not be returned. By ution, I agree to abide by and be subject to the rules, regulations, and disciplinary code of The University.	f
Sig	gnature	Date	
stati emp regu Mat	us, or sexual orientation. The University is ulations regarding discriminations.	sity does not unlawfully discriminate against any person on the basis of race, color, religion, sex, national origin, age, handicap, veter is policy covers all programs, services, policies, and procedures of the University, including admission to education programs and subject to the District of Columbia Human Rights Law. Inquiries concerning the application of this policy and federal laws and tion in education or employment programs and activities may be addressed to Susan B. Kaplan, Assistant Vice President for Legal n University, Washington, D.C. 20052, (202) 994-6503, or to the Assistant Secretary for Civil Rights of the U.S. Department of	an

Disabled individuals who require special information may direct inquiries to Disabled Student Services, (202) 994-8250 (TDD/voice).

Please discuss with a home school advisor your plans for study at the Elliott School and have him/her complete the

ACADEMIC APPROVAL

following:

Student Name