



APPLICATION DEADLINE: Spring Semester, September 1, _____ Fall Semester, April 30, _____

Please check the college/university to which you are applying:

- Bates College
- Davidson College
- New York University
- Univ. of Mich.-Dearborn
- Saint John's University
- Dartmouth College
- Vassar College
- Pitzer College
- University of California (San Diego)
- University of California (Berkeley)
- Occidental College
- University of California (Davis)
- Stanford University

Length of Exchange Period: From _____ To _____

Name of Applicant _____ Soc. Sec. No. _____ - _____ - _____

Date of Birth _____ / _____ / _____ Expected Year of Graduation _____

Major _____ Cumulative Morehouse GPA _____

Campus Address _____

Home Address _____ PO Box _____

Campus Phone (_____) _____ Home Phone: (_____) _____

Person Responsible for Bills _____

Address (if different from above) _____

Academic Plan

Please list below the course that you plan to take during your exchange. Remember, it is your responsibility to be sure that any coursework taken away from Morehouse will be applied toward your graduation requirements. Please list courses by academic department, course number, course title, and credit hours.

<u>ACADEMIC DEPT.</u>	<u>COURSE #</u>	<u>COURSE NAME</u>	<u>HOURS</u>	<u>DEPT. APPROVAL</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ALTERNATE COURSES

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL REQUIREMENT

Please type and attach an essay of at least 500 words that captures your reasons for choosing to exchange to another college. Be sure to include reasons why the exchange program will further your educational goals.

Attach a copy of your college transcript and at least two letters of recommendation from professor who have taught you.

Authorization

I hereby apply for participation in a Morehouse College exchange program with _____
College/university. I understand that the exchange process may require the release of my academic records to the
host institution.

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I hereby authorize exchange of my educational records between my home and host institutions. I understand that I
may obtain on request copies of any materials exchanged.

Student's Signature: _____ Date: _____

Academic Advisor's Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

Academic Affairs Officer: _____ Date: _____

RETURN COMPLETE APPLICATION TO:

Office of Records and Registration
Morehouse College
830 Westview Drive, SW
Atlanta, Georgia 30314-3773