



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/

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

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



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/

Application Form

Personal Information

Name

_____ Last (Family)

_____ First/Given

_____ Middle/Maiden

Gender Female Male

Mailing Address

_____ Street

_____ City

_____ State/Province

_____ Postal Code

_____ Country

Phone #

_____ - _____
Country Code Area Code

_____ - _____
Area Code Number

_____ Number

Fax #

_____ - _____
Country Code Area Code

_____ - _____
Area Code Number

_____ Number

E-mail Address

Permanent Home Address

_____ Street

_____ City

_____ State/Province

_____ Postal Code

_____ Country

Phone #

_____ - _____
Country Code Area Code

_____ - _____
Area Code Number

_____ Number

Fax #

_____ - _____
Country Code Area Code

_____ - _____
Area Code Number

_____ 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 _____



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/

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)

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) _____



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/

Academic Information

Please list all post-secondary educational institutions you have attended or are currently attending.

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

Have you previously applied for Valdosta State University? Yes No

If yes, when? _____ Your VSU Student ID number _____

Have you ever been disciplined by a student or faculty board for misconduct or have you ever been convicted of a crime (other than for a minor traffic offense)? Yes No

If yes, explain?

My signature below indicates:

(1) That all information contained in my application is complete, factually correct, and honestly presented, and that my admission and subsequent registration may be cancelled if this information is found to be false or intentionally omitted;

(2) That if I enroll, I agree to abide by the Valdosta State University Student Code of Conduct.

Applicant Name (printed)	Signature of Applicant	Date signed (mm/dd/yyyy)
Institutional Coordinator Name (printed)	Signature of Institutional Coordinator	Date signed (mm/dd/yyyy)