



Harrison College of Business Southeast Missouri State University Exchange Program Application Form



Send to: International Business Programs, 1 University Plaza, MS 5890, Cape Girardeau MO 63701

1. _____
LAST (Family) NAME FIRST (Given) NAME MIDDLE NAME (If any)

2. Gender: Male Female 3. Date of Birth: Month _____ Day _____ Year _____

4. _____ 5. _____ 6. _____
City of Birth Country of Birth Country of Citizenship

7. _____ 8. My home University is _____ I am a(n):
Country of Legal Residence Undergraduate (Bachelor Degree-seeking) Student
 Graduate (Master Degree-seeking) Student

8. _____ 9. _____
E-Mail Address Country Code, City Code, Phone Number

10. My address in my country of residence: _____
Street Name & House Numbers

_____ City Province/State/Prefecture Postal Code Country

11. Period of Participation: Fall Spring Summer Beginning Year _____

12. Subject or Field Studied: _____

13. I certify that I have the following funds (in U.S. Dollars) available for this program of study:
 Southeast Missouri State University \$ _____ Funds from my home University \$ _____
 Funds from my home government \$ _____ Personal funds \$ _____
 Funds from an international organization \$ _____

14. I certify that the above information is complete and correct.

_____/_____/_____
Signature of Applicant Date

15. I certify that _____, who is a student at _____
(Applicant Name) (University or College Name)
is proficient in speaking, listening, reading & writing the English language sufficient to participate in this exchange program.

_____/_____/_____
Signature of Certifying Person Printed Name & Title Date

16. I certify that _____, is in good academic standing at my institution and is a
Applicant Name
 Freshman (1st Year) Sophomore (2nd Year) Junior (3rd Year) Senior (4th Year)
 Graduate (Masters degree-seeking)

_____/_____/_____
Signature of Certifying Person Printed Name & Title Date