INSTRUCTIONS: In order to apply for the International Student Exchange Program, students must complete the following items. Please mail items to Wichita State University’s Office of International Education at the address below.

1) While on an exchange, students will be required to pay tuition and fees to their home institution; no tuition or fees will be paid to WSU.
2) Students must provide health coverage sufficient to meet WSU standards. If students do not have proof of medical insurance (in English) that meets WSU standards when they arrive, then medical insurance must be purchased at the University upon arrival.
3) Official copies (in English) of all transcripts from all secondary schools, colleges, or universities that you have attended must be included with this application. If the school will not attest an English translation of your transcript, please have them attest an official copy in the original language and send that with an English translation that is attested by the translator. Transcripts from Canadian or U.S. schools must be sent to Wichita State University directly from the school. All transcripts that you submit become the property of Wichita State University.
4) Exchange student placements are typically one semester; placements of one year must be negotiated with WSU. An exchange for one year is calculated by WSU as two exchange placements. A home institution can negotiate to send two students for one semester each or one student for two semesters (one calendar year). If a student is on exchange for two semesters they must obtain satisfactory passing grades in their first semester subjects to continue onto the second semester.
5) Students must enroll in a full-time course of study at Wichita State University. Undergraduate students must register for 12 credit hours, while 9 credit hours is required for Graduate students.
6) If English is not your native language, WSU may require a minimum level of English proficiency before you can enroll in academic classes.
7) If a student wishes to apply to a regular degree program, he or she will be required to complete the same requirements and application forms as any other international student, and will be required to apply for a change in visa status.

IMPORTANT INFORMATION:

1) Students have full responsibility for the cost of their accommodations and living expenses, unless other arrangements are made in the official agreements.
2) Students who wish to stay in WSU housing must apply directly to and pay fees to the department of Housing and Residence Life at Wichita State University.
3) Students should arrive on the WSU campus in time to participate in orientation programs scheduled for international students.

IMPORTANT DATES

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>PRIORITY APPLICATION DEADLINE</th>
<th>RECOMMENDED DATES OF ARRIVAL</th>
<th>CLASSES BEGIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Semester</td>
<td>November 15, 2007</td>
<td>January 13 - 15</td>
<td>January 22</td>
</tr>
<tr>
<td>Summer Session</td>
<td>April 1, 2008</td>
<td>June 1 - 3</td>
<td>June 9</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>June 15, 2008</td>
<td>August 13 - 15</td>
<td>August 21</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>November 15, 2008</td>
<td>January 11 - 13</td>
<td>January 20</td>
</tr>
<tr>
<td>Summer Session</td>
<td>April 1, 2009</td>
<td>May 31 - June 2</td>
<td>June 8</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>June 15, 2009</td>
<td>August 12 - 14</td>
<td>August 20</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>November 15, 2009</td>
<td>January 10 - 12</td>
<td>January 19</td>
</tr>
<tr>
<td>Summer Session</td>
<td>April 1, 2010</td>
<td>May 30 - June 1</td>
<td>June 7</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>June 15, 2010</td>
<td>August 11 - 13</td>
<td>August 19</td>
</tr>
</tbody>
</table>

W. Frank Barton School of Business
Wichita State University
Wichita, Kansas 67260-0048 USA

Telephone: (316) 978-3203
Fax: (316) 978-3472
Internet: www.wichita.edu
### Applicant Information

**Desired Semester of Study:**
- Spring Semester, 20\_
- Summer Session, 20\_
- Fall Semester, 20\_
- Academic Year, 20\_ - 20\_

**Gender:**
- Male
- Female

**Marital Status:**
- Single
- Married

**Full Name as listed in your passport:**
_____________________________________________________________________________________________________________________

**Last Name / Family Name / Surname**
**First Name / Given Name**
**Middle Name (if any)**

**Telephone:**

**Fax:**

**Primary e-mail:**

**Second e-mail:**

**City and Country of Birth**

**Date of Birth:** dd/mm/yyyy

**Position or Occupation in Home Country**

**Country of Citizenship**

**Country of Legal Residence**

**Major(s) / Program of Interest**

### Important:

If you already have a passport please list your information below. **PLEASE NOTE:** The name listed on this application should **EXACTLY** match the name on your passport. If you do not have a passport you must complete your name above as it will likely appear in your passport.

**Passport Number**

**Country of Issue**

### Dependent Information

If your spouse and/or children will accompany you to the U.S., please complete the information below regarding your dependents (use additional paper if necessary):

**NAME OF DEPENDENT**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>Country of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**DATE OF BIRTH**

**RELATIONSHIP TO STUDENT**

**dd/mm/yyyy**

**COUNTRY OF CITIZENSHIP**

**NAME OF DEPENDENT**

<table>
<thead>
<tr>
<th>Family Name</th>
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</tr>
</tbody>
</table>

**DATE OF BIRTH**

**RELATIONSHIP TO STUDENT**

**dd/mm/yyyy**

**COUNTRY OF CITIZENSHIP**
EDUCATIONAL HISTORY

Are you currently enrolled in a school?  ☐ YES  ☐ NO  If yes, please include your current school in the educational history section below.

Please list all secondary schools and colleges or universities you have attended or are now attending. List them in order of attendance. Failure to report all colleges and universities attended or submission of falsified transcripts may result in dismissal. Please enclose official copies of all transcripts or academic records from your current university.

NAME OF SCHOOL

____________________________________________________________             _______________________________________________________________

DATES ATTENDED  DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED

From: ____________________  To: ____________________

mm/yyyy                   mm/yyyy

NAME OF SCHOOL

____________________________________________________________             _______________________________________________________________

DATES ATTENDED  DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED

From: ____________________  To: ____________________

mm/yyyy                   mm/yyyy

NAME OF SCHOOL

____________________________________________________________             _______________________________________________________________

DATES ATTENDED  DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED

From: ____________________  To: ____________________

mm/yyyy                   mm/yyyy

NAME OF SCHOOL

____________________________________________________________             _______________________________________________________________

DATES ATTENDED  DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED

From: ____________________  To: ____________________

mm/yyyy                   mm/yyyy

FINANCIAL SUPPORT

Financial support for my studies will be provided by one or more of the following means:

☐ U.S. Government  US$____________________________ per semester / year

☐ International Organization  US$____________________________ per semester / year

☐ Government of Home Country  US$____________________________ per semester / year

☐ Personal Funds  US$____________________________ per semester / year

☐ Other  US$____________________________ per semester / year

Please Identify U.S. Government Support

Please Identify International Organization

Please Identify Financial Assistantship

Please Identify Other Means of Financial Support

IMPORTANT: I understand that I must have a medical insurance policy (insurance can be purchased at WSU). I also understand that I will have a tuberculin skin test after my arrival at the University. In addition, I verify that the above information is true and complete.

_____________________________________________________  __________________________________________

APPLICANT’S SIGNATURE        DATE

Applicant must have approval of the International or Study Abroad Office at their home Institution before admission can be determined.

To be completed by your home institution exchange coordinator:

Approval Officer’s Name: ____________________  Last / Family Name / Surname: ____________________

First Name / Given Name: ____________________  Approval Officer’s Signature: ____________________

Date: dd/mm/yyyy

Title: ____________________  Home Institution: ____________________

Telephone: ____________________  Fax: ____________________

Primary e-mail: ____________________  Second e-mail: ____________________

PLEASE RETURN YOUR APPLICATION TO:

W. Frank Barton School of Business
Wichita State University
Wichita, Kansas 67260-0048 USA

revised 09/08