Belmont University
Exchange Application

To The Applicant: Print and complete this form and have the exchange coordinator at your institution fax it to the number below.

Please Print or Type
Name

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Mailing Address _______________________________________________________________________

E-mail Address __________________________ Telephone # _________________________________

Citizenship (country) __________________ Country of Legal Permanent Residence __________

Date of Birth _________________________________________________________________________

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<th>Month/Day/Year</th>
<th>Country of Birth</th>
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__ Male  ___ Female

I am applying to enroll in:  ___ Spring term  ___ Fall term  of what year ______________

Length of stay:  ___ semester  ___ year  Field of Study ______________________________

Exchange Program Name (please check your home University)

___ University of Angers
___ École des Beaux-Arts
___ Conservatoire de Musique
___ Technische Universitat Dresden
___ Copenhagen Business School
___ Hochschule fur Musik, Dresden
___ Victoria University
___ Lingnan University
___ ESC Normandy
___ Euromed  ___ undergraduate  ___ graduate

Other: ______________________________________________________________________________

If admitted to this program, I agree to abide by the exchange agreement between my home university and Belmont University, and the Belmont University Guide and Belmont University Bulletin.

Signature ___________________________ Date ______________

Belmont University
Rasmussen Center for International Education
1900 Belmont Blvd.
Nashville, TN 37212-3757
Fax: 1-615-460-5539

www.belmont.edu/ie  internationaled@belmont.edu  Tel.: 1-615-460-5500

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