

Mail to: Study Abroad & Exchanges  
University of South Florida  
4202 E. Fowler Avenue, CPR107  
Tampa, FL 33620-5550  
FAX: (813) 974-4613

**INTERNATIONAL EXCHANGE APPLICATION FOR ADMISSION**

FULL YEAR (August-May)       FALL ONLY (August-December)       SPRING ONLY (January-May)

Undergraduate       Graduate

If you have a U.S. Social Security Number, please enter it here:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Please submit a personal statement (stating why you wish to attend USF), a letter of recommendation from a faculty member, and your most recent transcript with this application. All supporting documents (transcripts, test scores) must bear your name exactly as written here. If any document may be received under any name other than family name (as written above) please list those names here:**

\_\_\_\_\_

Place of Birth  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Gender:  Male  Female  
Nation of Citizenship: \_\_\_\_\_ Native Language: \_\_\_\_\_  
**( please include a photocopy of your passport)**

**Present Mailing Address**

Phone Number: \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
\_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code) (Country)

E-mail: \_\_\_\_\_

Last Day to Use this Address: \_\_\_\_\_

**Permanent Mailing Address**

Phone Number: \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
\_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code) (Country)

Have you ever applied to or attended the University of South Florida?  yes  no

If yes, please indicate dates: \_\_\_\_\_

Please check here to authorize our office to use your image in future publications:  yes  no

What is your planned area of study? \_\_\_\_\_

**Note: Please attach a list of at least 8 courses you are interested in taking at USF that your Home University Coordinator has approved.**

**Educational Background:**

Name of Institution      Location of Institution      Start/End Dates      Certificates/Degrees Earned

\_\_\_\_\_

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admissions and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Regents and the rules and regulations of the University. Should any of the information I have given change prior to my entry to the university, I shall immediately notify the Office of Study Abroad & Exchanges.

\_\_\_\_\_  
(Signature) (Date)