Application for Exchange Program at Colgate University Deadline: 15 February for Fall term; 15 September for Spring term

Term (circle your preference): Fall (August-December) or Spring (January-May)

Last Name (surname):	First Name:	Middle Name:
		Country of Birth:
Country of Legal Permanent Re	sidence:	
Current Address:		Home Phone:
		Cell Phone:
PASSPORT INFORMATION		
Country/countries of citizenship	o:	Passport Number:
Expiration Date (mm/dd/yy):		Place Issued:
HOME INSTITUTION INFORMA	TION	
What is your class year?	Wha	t is your major field(s) of study?
What year do you intend to gra	duate with your Bachelor's degre	e?
What languages are you profici	ent in?	
English proficiency (if required)	: TOEFL Score C	OR Gaokao Score
CONTACT IN HOME CITY OR CO	OUNTRY IN CASE OF EMERGENCY	
Name:	Rela	tionship to You:
Email:	Other:	Work Phone:
Home Phone:	Cell Phone:	Work Phone:
•	like to take at Colgate: (Course li	st: http://www.colgate.edu/academics/courseofferings) 2.
3.		4
Please describe your experience	es traveling or living abroad.	
ESSAY:		
	explaining why you wish to study	at Colgate University and what contribution it will make to your
education.		
RECOMMENDATIONS:	: last f	
Please forward a recommendat TRANSCRIPT:	ion letter from your exchange pr	ogram director and your academic advisor or previous professor.
Please attach a copy of your tra	nscript to this application.	
1,7		
		per work and any other procedures required prior to, and during my he information on this application is complete and accurate
Siamatuura.	Date	
Signature:	Date.	