



Unless specifically assured through correspondence with the department concerned, the Intercampus Exchange Student will be accommodated on the host campus on the same basis as graduate students from outside the major department. It is anticipated that this privilege will be used by the better graduate student who seeks the opportunity for contact with scholars, fields of study, and facilities not available on his/her home campus.

Instructions: Complete this form, obtain the signature of the departmental adviser, and file with the Office of Graduate Studies. To avoid late fees this form must be completed and filed **at least four weeks before** the opening of the quarter/semester. After approval, pay your fees in accordance with the regular registration schedule. You should then take your proof of registration to the host campus to enroll.

If you do not enroll in the Intercampus Exchange Program notify the offices of the Graduate Divisions on both campuses concerned, so that your application may be canceled. Separate applications are required for each quarter/semester.

◆ **STUDENT**

Name: _____ PID#: _____
Last name First name M.I.

Current Mailing address: _____ Date of Birth: _____
Number and Street

_____ Quarter/Semester: _____ 20 _____
City/State/Zip

Host campus: _____ Department: _____
 UCSD Department: _____ Phone Number: _____
Email: _____

With whom have you corresponded in the host campus department? _____

Have you ever applied for admission on the host campus? Yes No

If yes, was the application for admission approved? Yes No

Have you ever previously attended the host campus on the Intercampus Exchange Program? Yes No

If yes, list dates of attendance: _____

State specific reasons for exchange: _____

Proposed Program for the Quarter/Semester

UCSD (if applicable)			Host Campus		
Subject	Course No.	Units	Subject	Course No.	Units

Signature: _____ / /
Student Date

(For official use only -- applicant please do not write below line.)

◆ **UCSD DEPARTMENT/GROUP/SCHOOL**

Approved: _____ / /
Graduate Advisor Date

◆ **OGS**

Approved: _____ / /
Dean of Graduate Studies Date

◆ **HOST CAMPUS**

Approved: _____ / /
Chair of Department Date

Approved: _____ / /
Graduate Division Dean Date