



OFFICE OF THE REGISTRAR

Registrar, 1156 High Street, Santa Cruz, CA 95064
Phone (831) 459-4412 • FAX (831) 459-5051
registrar@ucsc.edu

2020-21 DOMESTIC EXCHANGE PROGRAM APPLICATION

Note: The last day to submit this application to the Office of the Registrar is Feb. 22, 2020.

After Feb. 22, 2020, contact sp-regis@ucsc.edu for assistance.

For more information, see [the Domestic Exchange Programs webpage](#).

REQUESTOR

Name (Last, First, Middle) _____

Student ID _____ Birthdate _____

College _____ Major _____

Total credits (including this quarter) _____

ACADEMIC LEVEL

Frosh

Sophomore

Junior

Senior

FINANCIAL AID

I expect to receive UCSC financial aid during the exchange period. Yes No

PREFERENCES

University

University of New Hampshire

University of New Mexico

Period

2020-21 Academic Year

2020 Fall Semester Only

2021 Spring Semester Only

Please complete page 2 and the Proposed Course Study Plan beginning on page 3.



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Describe your interest in the University of New Hampshire or the University of New Mexico and your expectations regarding a period of study there next year. Please include your assessment of how the academic experience will assist you in completing your graduation and major requirements.

Student Signature _____ Date _____

Submit to the Office of the Registrar (190 Hahn Student Services) your completed application, and your Proposed Course Study Plan (see page 3) approved by your Department and College (page 5), by 2/22/20. After 2/22/20, contact sp-regis@ucsc.edu for assistance.



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PROPOSED COURSE STUDY PLAN

All students applying for the Exchange Programs at University of New Hampshire and University of New Mexico must obtain the approval of their Department and College. Please note: the College *should not approve this form without prior approval of the Department*. This approval serves to assess whether the exchange experience will have a negative impact upon the participant's progress toward graduation.

REQUESTOR

Name (Last, First, Middle) _____

Student ID _____ College _____ Major _____

Date of declaration _____ Planned Graduation Date _____

GENERAL EDUCATION REQUIREMENTS COMPLETED (ENTER THE DATE COMPLETED.)

CC	SR	PR-C
ER	TA	PR-E
IM	PE-E	PR-S
MF	PE-H	C1
SI	PE-T	C2
DC		

MAJOR REQUIREMENTS COMPLETED (LIST THE REQUIREMENT AND ENTER THE DATE COMPLETED.)



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WORK IN PROGRESS/WORK PLANNED PRIOR TO EXCHANGE

COURSES IN PROGRESS

COURSES PLANNED

WORK PLANNED FOLLOWING THE EXCHANGE

List the courses you plan to take upon return to UCSC. Indicate in parentheses () the quarter during which you intend to take each course. Use additional paper if necessary.



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DEPARTMENT APPROVAL

The Department **approves** Exchange Program participation for this student.

The Department **does not approve** Exchange Program participation for this student.

Department Adviser Name _____

Department Adviser Signature _____ Date _____

Department Adviser Phone _____ Email _____

COLLEGE APPROVAL

The College **approves** Exchange Program participation for this student.

The College **does not approve** Exchange Program participation for this student.

College Adviser Name _____

College Adviser Signature _____ Date _____

College Adviser Phone _____ Email _____

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OFFICE USE ONLY

The Domestic Exchange Commission **approves** Exchange Program participation for this student.

The Domestic Exchange Commission **does not approve** Exchange Program participation for this student.

Date _____