



**UM/FIU DOCTORAL EXCHANGE PROGRAM
(2009-2010)**

This form enables doctoral students to enroll for up to 6 credits of pre-approved courses at the Host Institution.

Please read carefully and follow these steps:

1. Student completes and signs **Section A**.
2. Student's academic advisor completes and signs **Section B**.
3. Student submits form to the graduate school office at their HOME institution for approval. The application deadlines are as follows:
 - August 14 to register for Fall 2009**
 - December 11 to register for Spring 2010**
 - April 14 to register for Summer 2010**
4. If approved, the appropriate office signs **Section C** and **Section D-1** and stamps document with University seal, then forwards the form to the HOST institution. (Forms sent to FIU go to the Office of the Registrar; forms sent to UM go to the Graduate School)
5. The HOST institution enrolls the visiting student into the approved courses and signs **Section D-2**.
6. Once the semester is finished, the Registrar at HOST institution posts the student's grades, signs **Section E**, and then submits official grades attached to copy of this form to the Registrar at student's HOME institution where the grades are entered onto the student's record.

Section A: (To be completed by the student.) Fill in *all* blanks.

1. Student ID: _____
2. Social Security #: _____ - _____ - _____
3. _____
Last Name First Name Initial
4. Birth Date: ____/____/____
Mo. Day Yr.
5. Gender: Male Female
6. Nation of Citizenship: _____
7. Visa Type: _____
(if applicable)
8. Term: Fall 20____ Spring 20____ Summer 20____
9. Local _____
Address: Street Address City State Zip Code
- _____ (____) _____
Email address Telephone Number
10. Doctoral Program at Home Institution: _____
11. Department: _____

I understand that I will only be registered for the course(s) approved by my advisor in Section B and a maximum of six graduate credits can be taken under this program. I also understand that this application is for the ONE term specified above. I authorize the Office of the Registrar to enroll me for the courses listed below and to release my grades to my Home Institution. I agree not to drop the courses at either institution without the written approval of the Home Institution Graduate School Office. I further agree and acknowledge that the grades which I receive via this program will become part of my permanent record. **By signing this form I agree to follow all regulations and requirements of this exchange program.**

Signature of Student Date:

Section B: ADVISOR'S APPROVAL (To be completed by the Academic Advisor.) Fill in *all* blanks.

Approved courses (6 Credits Maximum) to be taken at Host Institution					
Prefix and Course No.	Section	No. of Credits	Days/Time	Course Title	Equivalent at Home Institution Prefix & Course #

I certify that _____ (student's name) is hereby authorized to take the above course(s) at the HOST institution, because these courses are not part of our program's current curriculum and will be included as part of the student's doctoral program.

Name of the Academic Advisor (Printed)

Signature of Academic Advisor

Date

Section C: IMMUNIZATION (To be completed by the Office of the Registrar at the HOME Institution.)

By signing this form, the Office of the Registrar confirms that the above-mentioned student has satisfied the immunizations for Rubella (German Measles) and Rubella (Measles) required by the host institution.

Name, Registrar's Office Representative

Signature

Date

Effective July 1, 2008, new students enrolling at FIU must also show proof of immunization against Hepatitis B and Meningitis. Forms and additional information are available online. <http://www.fiu.edu/~health/>

Section D: REGISTERING for COURSEWORK (To be completed by the Office of the Registrar at both HOME and HOST institutions to enroll student for above course/s.)

1) HOME Institution

Registered by: _____

Staff Member Name

Signature

Date

2) HOST Institution

Registered by: _____

Staff Member Name

Signature

Date

Section E: POSTING of GRADES (To be completed by Registrar at HOST Institution)

Attached Grade(s) Posted by: _____

Staff Member Name

Signature

Date

University Seal from HOME Institution