



# PH.D. EXCHANGE PROGRAM (2008-09)



This form enables Ph.D. 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 13 to register for Fall 08**
  - December 10 for Spring 09**
  - April 13 for Summer 09**
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.

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

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1. Student ID: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. \_\_\_\_\_ 4. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Name First Name Initial Mo. Day Yr.
5. Gender:  Male  Female 6. Nation of Citizenship: \_\_\_\_\_ 7. Visa Type: \_\_\_\_\_  
 (if applicable)
8. Term:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

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9. Local \_\_\_\_\_  
 Address: Street Address City State Zip Code
- \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Email address Telephone Number
- 

10. Ph. D. Program at Home Institution: \_\_\_\_\_

11. Department: \_\_\_\_\_

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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:

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

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**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 Ph.D. program.

\_\_\_\_\_  
Name of the Academic Advisor (Printed)

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Date

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**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

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\_\_\_\_\_  
University Seal from HOME Institution