



MARIANIST EXCHANGE PROGRAM

Chaminade University of Honolulu (CUH) student University of Dayton (UD) student *(check one)*

When do you wish to enroll? Fall _____ Spring _____ SS1 _____ SS2 _____ *(check one)*

Session dates Fall 2008: August 19 – December 12 Spring 2009: January 12 – May 8

PERSONAL INFORMATION

Name _____ Social Security Number _____
(Last) (First) (Middle)

Home Address (Street) _____

City _____ County _____ State/Country _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

E-Mail _____ Gender Female Male

Date of Birth (mm/dd/yy) _____ / _____ / _____ Place of Birth (city/state/country) _____

Are you a U.S. citizen? Yes No If no, what is your country of citizenship? _____

Alien Registration Number (if any) #A _____

Do you plan to reside on campus? Yes No If yes, contact Residence Life at (210) 436-3714.

Do you intend to apply for financial assistance? Yes No If yes, contact home university for assistance.

ACADEMIC INFORMATION

College or University *	City / State	Dates Attended

**Please submit original transcripts or a letter of good standing from current college or university.*

COURSE SELECTION**

Course Number	Course Title

***Course selection subject to availability.*

I certify that all information given on this application is complete and correct.

Signature _____

Date _____

A false statement or omission of pertinent information from the application will be considered just cause for admission denial or for immediate dismissal, if the student is enrolled.

The university admission standards are free of discrimination on the grounds of sex, race, creed, color, handicap, or ethnic or national origin. By conviction and practice, "We are an equal educational opportunity institution."

FOR OFFICE USE ONLY

CARS ID#	Application Received	Acceptance Sent	



**STUDENT EXCHANGE BETWEEN MARIANIST UNIVERSITIES
EMERGENCY INFORMATION FORM**

The information requested below will be used only in case of emergency and is limited to the duration of your participation in the student exchange between Marianist universities.

YOUR NAME _____

SOCIAL SECURITY NUMBER _____

Chaminade University of Honolulu (CUH) University of Dayton (UD) (*check one*)

PROGRAM SEMESTER/YEAR: Fall _____ Spring _____

Summer One _____ Summer Two _____ (*check one*)

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

EMERGENCY CONTACT*

NAME _____ RELATIONSHIP _____

HOME ADDRESS _____

HOME PHONE _____

BUSINESS PHONE _____

CELL PHONE _____

E-MAIL _____

*Parent, guardians, or someone responsible for you in an emergency. Roommates and friends are not typically the best choice.