Instructions for completing the UM/FIU Exchange Program Application

Application Deadlines:

Fall: July 1st
Spring: November 22nd
Summer: April 1st

The Application Process:

Student completes and signs Section A and the Student Agreement.
Student’s academic advisor completes and signs Section B.

Student submits form to the Graduate School office at his/her HOME institution for approval.

The home institution communicates with the host institution to process paperwork and evaluate for approval.

Upon approval, the HOST institution enrolls the visiting student into the approved courses.

The student receives host institution information and instructions through the home institution contact.

Students must have the approval of their Graduate School in order to officially participate in the program.

Important information for international students and/or students planning to participate in academic travel abroad:

International/NRA student(s): international students (F-1 or J-1 status) will need to also submit a copy of their I-20 or DS-2019, written approval from their International Students Office to participate in the program and proof of insurance.

Academic Travel Abroad: If you will be traveling abroad as a requirement for a course you are taking through this program, you must meet with your respective office of Education Abroad/Study Abroad representative in order to verify all academic travel requirements prior to the semester in which you plan to be traveling. Please contact your University Graduate School representative for additional information about the Education Abroad/Study Abroad representative.

IMPORTANT: if you wish to DROP a course within the program, you must do so by the posted drop date for your home institution. As a participant in the FIU/UM Exchange program, you must DROP through the program coordinator for your home institution.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED.

Program Coordinators

FIU Program Coordinator: Karla Ortega, Associate Director, ortegak@fiu.edu (305) 348-2455
UM Program Coordinator: Tyrone Henry Jr., Assistant Director, t.henry1@miami.edu (305) 284-4155
UM/FIU EXCHANGE PROGRAM APPLICATION

TERM: □ Fall 20_____ □ Spring 20_____ □ Summer 20_____ 

This form enables master's students in the Latin American and Caribbean programs or doctoral students (at UM or FIU) to APPLY to be enrolled for up to 6 credits of pre-approved courses at the Host Institution.

Due date: All applications must be submitted at least three weeks prior to the beginning of classes at the host institution for the term selected above. For these dates please visit the University of Miami Academic Calendar and Florida International University Academic Calendar.

Please complete this form in its entirety. Incomplete applications will not be processed.

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

1. Panther ID # (for FIU students): ____________________________

2. ___________________________________________________________  3. Birth Date: ____/____/____
   Last Name       First Name       Middle Initial       Mo.   Day   Yr.

4. Gender: □ Male   □ Female

5. Country of Citizenship: ____________________________

6. Visa Type**: ________________ (if applicable)

** International students (F-1 or J-1 status) will need to also submit a copy of their I-20 or DS-2019, written approval from their International Students Office to participate in the program and proof of insurance.

8. Local Address: ____________________________________________
   Street Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________________________

   FIU or UM Email address: ____________________________ Telephone Number: ____________________________

9. Doctoral or Master’s Program at Home Institution: ____________________________

10. Department at Home Institution: ____________________________

For official use only:
Signatures confirmed: GPA: Credit hrs: Level: Academic Program:
Section B: ADVISOR’S APPROVAL (To be completed by the Academic Advisor.) Please fill in all fields.

<table>
<thead>
<tr>
<th>Prefix and Course No.</th>
<th>Section</th>
<th>No. of Credits</th>
<th>Days/Time</th>
<th>Course Title</th>
</tr>
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<tbody>
<tr>
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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 (LACC) master’s or 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: Graduate School Approval

Name, Graduate School Representative __________________________
Signature __________________________ Date __________

University Seal from HOME Institution
Student Agreement

I am in good academic standing, and I am free of any judicial or academic misconduct issues.

I acknowledge that the submission of this application to the Graduate School does not guarantee my enrollment in the FIU-UM Exchange Program. I understand that final acceptance into the program will be determined by the Graduate School.

Upon acceptance into the FIU-UM Exchange Program, I understand that I will be bound by the Student Codes of Conduct from my home and host institutions for the duration of the program (i.e. 1-2 semesters). 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 only valid for the term specified above (i.e. fall 2010).

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.

I have carefully read, and I understand the contents herein. By signing this application, I agree to be bound by the terms of this application and the policies of Florida International University and the University of Miami.

_______________________________________________________  ______________________________________
Signature of Student                                      Date

Important Dates and Information for the UM/FIU Exchange Program

UM’s Academic calendar: University of Miami Academic Calendar

FIU’s Academic calendar: Florida International University Academic Calendar

* = IMPORTANT: if you wish to DROP, you must do so by the posted drop date for your home institution. As a participant in the FIU/UM Exchange program, you must DROP through the program coordinator for your home institution.