

Partner University Exchange Exit Form

Your Name: _____ I.D.# _____

Host Institution: _____ Term(s) Abroad: [] Fall 20 _____ [] Spring 20 _____ [] Summer 20 _____

To be completed by participant upon completion of exchange program:

I met with my host coordinator and confirmed registration in the following classes during my exchange:

Course title	Dept. & Course #	Hours/week Total # of weeks	Course type (Lecture, seminar, etc.)	Number of credits issued by host institution

I have signed all necessary transcript release forms at my host institution.

I have paid all outstanding balances incurred at my host institution.

Signature of Participant

Date

To be completed by host institution coordinator:

I have verified the above participant's enrollment in the program as described above.

Name of Host Coordinator

Title

Signature

Date