



Program of Study Rationale Statement

Applicant's Name _____

Date _____

Provide information requested below: 1) how your proposed exchange will contribute to your academic, career, and personal development, and 2) why you selected the campuses for a potential exchange. **Submit this statement to your academic advisor or department chair for approval** prior to returning the form to UM's NSE Director.

TO BE COMPLETED BY THE APPLICANT:

NSE campuses you have selected in order of choice:

1. TOP CHOICE _____
2. _____
3. _____
4. _____
5. _____

Why did you select these campuses as possible exchange sites and rank _____ your #1 Top Choice?

Share your academic aspirations for exchange. How will exchange contribute to your degree program?

Do you expect to take major-specific or non-major specific courses and why?

What courses are you considering taking while on exchange and why?

How will an exchange contribute to your personal, graduate or professional school preparation, and career readiness?

What do you hope to accomplish and/or experience on exchange that is not possible in Montana, Missoula, or at University of Montana?

Department Chair / Academic Advisor Approval:

Name (print) _____ Title _____

Signature _____ Email _____

Phone _____ Date _____

NOTE: It is suggested that a copy of this signed form be retained in the student's advisement file.

Return this form to:

UM National Student Exchange
Dr. Cheryl Minnick, NSE Director
Lommasson Center 154, Missoula, MT 59812
Direct: 406-243-4614; or Main Office: 406-243-2022