



University of New Hampshire
Center for International Education and Global Engagement
Office of International Students and Scholars
Thompson Hall, Room G15
Tel: (603) 862-1288 Fax: (603) 862-0844
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Exchange Student Nomination Form 2016-2017

Student Information		
Family Name (as shown on passport):	Given Name(s):	Gender:
Date of Birth (mm/dd/yyyy):	Country of Citizenship:	
Personal Email Address:	School Email Address:	
Permanent Address		
Address Line 1:		Address Line 2:
City:	State / Province:	Country:
Postal Code:	Telephone (include country code):	
Academic Information		
Home Institution:	Degree/Field of Study:	
Studying full-time at home institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Term applying for exchange: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Full Year	
Does student have any pending academic or conduct cases? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____ _____		

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