

APPLICATION FOR INTERNATIONAL EXCHANGE STUDENTS

WILLAMETTE UNIVERSITY MBA

STUDENT INFORMATION

Last Name or Family Name _____
(write your name exactly as it is listed on your passport)

First Name _____ Middle Name _____
(write your name exactly as it is listed on your passport)

Date of Birth (Date, Month, Year) _____ Male/Female _____

Place of Birth (City, State and Country) _____

Country of Citizenship _____ Country of Permanent Residency _____

Home Exchange Institution _____

Current Mailing Address:

Permanent Mailing Address

Telephone _____
(country code, area code, number)

Telephone _____
(country code, area code, number)

Email Address _____

Email Address _____

Current address is valid until Month/Day/Year _____
(Mail will be sent to the permanent address after the date given above)

ACADEMIC INFORMATION

Name of Degree Program in Which You Are Studying _____

Semester of Exchange at Willamette University MBA
____ Fall Semester (Late August to Mid December) 20____
____ Spring Semester (Mid January to Mid May) 20____
____ Both Fall and Spring Semester 20____ - 20____

MBA Curricular Areas of Interest _____

Extracurricular Activities or Interests _____

LAPTOP COMPUTER

All MBA students are required to have a laptop computer a laptop computer with 802.11b or 802.11g wireless LAN capability and a standard suite of software that is 100% compatible with Microsoft Office 2003 (Word, Excel and PowerPoint) or any more recent version of Microsoft Office that includes Microsoft Word, Microsoft Excel and Microsoft PowerPoint.

Do You Have a Laptop Computer? ___ Yes ___ No

SUPPLEMENTAL INFORMATION

Please provide each of the following documents with this application:

- 1) Current copy of your resume or CV
- 2) Current copy of your academic transcript from your home institution
- 3) Photocopy of the name/picture page of your passport
- 4) Financial Certification for Exchange Students and official bank documentation confirming funds
- 5) Health insurance is required of all Willamette students.

The Willamette Student Health Insurance Plan reflects the U.S. Department of Health and Human Services Patient Protection and Affordable Care Act. Complete information about health insurance for international students is available at: <http://www.willamette.edu/dept/health/insurance/international/index.html>

Students will not be required to purchase the Willamette Student Insurance Plan if they are covered by a comparable health insurance plan. If you have a health insurance plan that meets or exceeds the coverage of Willamette's Student Health Insurance Plan, you will be able to waive the Willamette policy. A waiver process will be made available to you in summer. If you do not request a waiver or if your policy is not approved by Willamette as meeting or exceeding coverage required by Willamette University, you will automatically be enrolled in and billed for the Willamette Student Health Plan.

TO BE COMPLETED BY THE HOME INSTITUTION

This student has been selected by _____
to be an MBA Exchange Student at Willamette University's Atkinson Graduate School of Management for:

- _____ Fall Semester (Late August to Mid December) 20___
- _____ Spring Semester (Mid January to Mid May) 20___
- _____ Both Fall and Spring Semester 20___ - 20___

The courses completed at Willamette University will be transferred to the student's home institution.

_____ Yes _____ No _____ Other _____

Name of Exchange Coordinator

Home Institution

Signature of Exchange Coordinator

Date