Harrison College of Business
Southeast Missouri State University
Exchange Program Application Form

Send to International Business Programs, 1 University Plaza, MS 5890, Cape Girardeau MO 63701

1. _____ _____ _____
(as shown on passport) LAST (Family) NAME FIRST (Given) Name MIDDLE NAME (If any)

2. Gender: Male ☐ Female ☐ 3. Date of Birth: Month _____ Day _____ Year _____

4. _____ 5. _____ 6. _____
City of Birth Country of Birth Country of Citizenship

7. _____ 8. My home University is _____, I am a(n)
Country of Legal Residence
☐ Undergraduate (Bachelor Degree-seeking) Student
☐ Graduate (Master Degree-seeking) Student

9. _____ 10. _____
Email Address Country Code, City Code, Phone Number

11. My address in my country of residence: _____
Street Name and House Numbers

_____ _____ _____ _____
City Province/State/Prefecture Postal Code Country

12. Period of Participation: _____ ☐ _____ ☐ _____Summer ☐ Beginning year _____
(Aug) (Jan) (May)

13. Subject or Field Studied: _____

14. I certify that I have the following funds (in U.S. Dollars) available for this program of study:

☐ Southeast Missouri State University $ _____ ☐ Funds from my home University $ _____
☐ Funds from my home government $ _____ ☐ Personal Funds $ _____
☐ Funds from an international organization $ _____ **Proof of funding MUST be attached.**

15. I certify that the above information is complete and correct. I am attaching a copy of my academic record.

_____ _____/_____/_____
Signature of Applicant Date

16. I certify that _____, who is a student at _____
(Applicant Name) (University or College Name)
is proficient in speaking, listening, reading & writing the English language sufficient to participate in this exchange program.

_____ _____ _____/_____/_____
Signature of Certifying Person Printed Name & Title Date

17. I certify that _____, is in good academic standing at my institution and is a
Applicant Name
☐ Freshman (1st year) ☐ Sophomore (2nd year) ☐ Junior (3rd year) ☐ Senior (4th year)
☐ Graduate (Masters degree-seeking)

_____ _____ _____/_____/_____
Signature of Certifying Person Printed Name & Title Date