EXCHANGE STUDENT APPLICATION
Indicate the year and semester you will begin study: 20____

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
<th>Summer Term</th>
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Have you visited the Trinity Campus?  Yes  No  If yes, when? ________________________________

PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
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</table>

Name (Last) (First) (Middle) (Preferred First Name)

Permanent Home Address (Number & Street)  Telephone Number (including area code or country/city code)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
<th>Country</th>
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Current Home Address if different from above (Number & Street)  Home Telephone Number

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
<th>Country</th>
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The current address is effective until what date ________________________________

Fax Number (if applicable) __________________ Internet Address/Email (if applicable) ________________________________

Date of Birth (Mo./Day/Yr.) __________________ Place of Birth (City/State or Country) ________________________________

If you have a United States Social Security Number, please write it here: __ __ __-- __ __ __-- __ __ __

Country of Citizenship ____________________________ Country of Birth ________________________________

Native language ________________________________

Have you attended any schools in which English was the principal language of instruction?  Yes  No

If so, in what years? ________________________________

If you are not a U.S. citizen, please answer the following questions.

Do you have Permanent Residency Status in the U.S.?  No  Yes (if yes, answer the next two lines)

Permanent Resident Number ________________________________

Year Permanent Resident status acquired ________________________________

If you are not a Permanent Resident, but you are currently in the U.S., indicate status:

Student (F-1) Immigration Number ________________________________

Other: ____________________________ Number ________________________________
To whom should announcements or emergency information be sent?

Name(s) ____________________________________________ Relationship(s) ___________

Telephone Number (including area code) __________________________

Guardian’s Name __________________________ Telephone __________________________

Home Address (if different from yours) _______________________________________________________

________________________________________________________

Occupation ________________________________ Name of Business or Organization ______________________

Universities attended and Degree(s) earned

__________________________________________________________________________________________

__________________________________________________________________________________________

Mother or Guardian’s Name ____________________ Telephone __________________________

Home Address (if different from yours) _______________________________________________________

________________________________________________________

Occupation ________________________________ Name of Business or Organization ______________________

Universities attended and degree(s) earned

__________________________________________________________________________________________

__________________________________________________________________________________________

Names of relatives who have attended Trinity (indicating relationship and dates of attendance)

__________________________________________________________________________________________

CURRENT UNIVERSITY

Name __________________________ Location __________________________

Dates of Attendance (Mo./Yr.) ___________ to ___________ Are you currently enrolled? Yes No

Address ________________________________________________________________

Telephone __________________________ Fax __________________________

OTHER SCHOOLS OR UNIVERSITIES ATTENDED (9TH GRADE AND ABOVE)

Name __________________________ Location __________________________

Dates of Attendance (Mo./Yr.) ___________ to ___________ __________________________

________________________________________________________

If you have taken the following tests, please list date(s) and score(s).

SAT I __________________ SAT I __________________ ACT ___________ TOEFL ___________ IELTS ___________

(English Version) (Spanish Version)
You should remove this page and give it to your study abroad advisor, faculty advisor, or a professor who has taught you in an academic subject. Your signature below authorizes the release of pertinent information to Trinity University.

Applicant’s Name ___________________________________________________________________________________________
Address ___________________________________________________________________ Telephone Number _______________________
City __________________ State __________ Postal Code __________ Country ____________

Applicant’s signature __________________________________________________________________________________________

CONFIDENTIAL

This document will be used only as a working paper in admissions discussions. It will not become a part of the student’s permanent educational record at Trinity.

If you wish to discuss any part of this recommendation form, please feel free to contact the Office of Admissions. You may reach us at (210) 999-7207, fax: (210) 999-8164, email: admissions@trinity.edu.

Mail to: Office of Admissions, Trinity University, One Trinity Place, San Antonio, Texas 78212-7200, USA or give to your student exchange officer for forwarding to Trinity University.

Deadlines: Please file this report before March 1 for Fall Admission candidates and before October 15 for Spring Admission candidates.

Faculty Member’s Name ________________________________________

First ___________ Middle ___________ Last _________________________

Position __________________________________________ Institution __________________________

Office Address ___________________________________________________

Office Telephone __________________ Fax ____________________________
(if applicable, include country code and city code)

How long have you known the applicant?

______________________________________________________________________________

In what context(s) have you known the applicant?

______________________________________________________________________________

List the course(s) you have taught this student, noting for each the student’s year of study.

______________________________________________________________________________

______________________________________________________________________________

(over please)
Please comment on the candidate’s academic and personal characteristics. We are particularly interested in evidence of the candidate’s intellectual promise, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. (English, Spanish, French or German preferred for professor recommendation.)

Compared to other college students whom you have taught, check how you would rate this student in terms of academic skills and potential.

<table>
<thead>
<tr>
<th>No basis for judgment</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Excellent (top 10%)</th>
<th>One of the top few encountered in my career</th>
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<tbody>
<tr>
<td>Creative, original thought</td>
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<td>Motivation</td>
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<tr>
<td>Independence, initiative</td>
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<td>Intellectual Ability</td>
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<td>Academic achievement</td>
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<td>Written expression of ideas</td>
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<td>Effective class discussion</td>
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<tr>
<td>Disciplined work habits</td>
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<tr>
<td>Character and personal promise</td>
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<tr>
<td>Academic promise</td>
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<tr>
<td><strong>Summary Evaluation</strong></td>
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Teacher’s Signature ___________________________________________ Date __________________________
What is your primary field of study or specialization?

Courses which you wish to take at Trinity University (space for alternates is provided):

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

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A full-time load is 12-18 semester credit hours (4 to 6 courses) per semester. The typical full load is 15 hours, or five courses. Most courses are for 3 semester credit hours. In Trinity course numbers, the first digit indicates the level: 1-2 for lower division, 3-4 for upper division. The second digit indicates the number of semester credit hours.

I certify that the information included in this document is true, correct and complete to the best of my knowledge. I shall promptly inform Trinity University if there is any change in any of the facts indicated.

Signature ________________________________________________________     Date _______________________________

Trinity University in an independent, coeducational institution of higher education and does not discriminate in admission or enrollment on the basis of race, religion, national origin, ethnic background, age, sex, physical handicap, or veteran status.

The University complies with the provisions of Public Law 93-380, the Family Rights and Privacy Act. Prescribed educational records of students are open to their inspection upon formal request in accordance with Federal regulations. Every effort is made, within the letter and spirit of the law, to prevent release of data and records to third parties, except upon specific request by the student.

Eric Maloof  
Coordinator of International Admissions  
Office of Admissions  
Telephone: (210) 999-7207  
Fax: (210) 999-8164  
Email: admissions@trinity.edu

Ms. Nancy Ericksen  
Study Abroad Counselor  
Study Abroad Office  
Telephone: (210) 999-7314  
Fax: (210) 999-7305  
Email: nerickse@trinity.edu
### Applicant’s Name

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
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</table>

**TO THE APPLICANT:** This form is required of all applicants who seek to live in a Trinity University residence hall. It is the responsibility of the applicant to ensure that the form is completed by the chief administrative officer in student affairs or other appropriate official at the last university attended, and returned to the Office of Admissions at Trinity by the appropriate deadline. **Note: No admission decision will be made until this form is received.** Your signature below authorizes the release of the requested information to Trinity University.

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974**

The purpose of this report is to assist Trinity University staff in making the admissions decision, and, if you are admitted and enroll at Trinity, to aid in advising and counseling you. Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right, if you enroll at Trinity, to review your educational record. You will waive your right to see this form by signing your name below, unless you specifically state following your signature that you do not waive your right to see this form.

Applicant’s signature:________________________________________________________________________

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**UNIVERSITY CERTIFICATION**

**TO THE ADMINISTRATOR:**

The individual whose name appears on this form is an applicant for visiting exchange student status at Trinity University. The Admissions Committee will appreciate your candid evaluation of the applicant’s record at your institution. The candidate’s signature above authorizes the release of pertinent information to Trinity University. **Mail to: Office of Admissions, Trinity University, One Trinity Place, San Antonio, Texas 78212-7200, USA,** or give to your student exchange officer for forwarding to Trinity University. (English, Spanish, French, or German preferred.)

**Deadlines:** Please file this report before **March 1** for **Fall Admission** candidates and before **October 15** for **Spring Admission** candidates.

1. What is your assessment of the applicant’s capacity for undergraduate study in a highly competitive academic environment?

2. Has the applicant ever been on academic probation? Please explain.
3. Has the applicant ever been on social or disciplinary probation? If so, please explain. Are disciplinary charges pending?

4. Is there any additional information you would like to provide about the applicant that might assist us not only in making an admission decision, but also in working effectively with the student if/when we admit him or her?

Name______________________________ Signature________________________________ Date_______
(Please print or type)

Title____________________________________________ Institution________________________________