

Enrollment Verification Form

You may be asked to provide additional content details, such as course title and/or description of the host university classes you have selected.



THE UNIVERSITY of
NEW ORLEANS

Name of Student:
First M.I. Last Name

UNO Student Number: UNO Email:

Year of Exchange: Semester:

Degree Program at UNO:

Name of Host Institution:

Details of the proposed class selection at host institution:

First Semester				
UNO Subj code e.g. FREN	UNO class level e.g. 2001	Host Institution Classes: code & title	UNO credits	Local credits
			Ex: 30 ECTS Credits = 15 US Credits	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Fill in the classes you wish to take at your host institution, the UNO code for the department that is the closest equivalent to the class you have chosen, as well as the level of the course. You may wish to consult with an academic advisor - either in your academic department, or Dr. John Hazlett, Academic Advisor for the Exchange Programs - in order to complete this form.
- Submit this form with your host institution application.
- Any changes (after arrival to host institution) to the proposed class selection shown must be approved by both universities, using the Changes form on page 3.

Second Semester (if applicable)

UNO Subject code e.g. FREN	UNO course level e.g. 2001	Host Institution Classes: code & title	UNO credits	Local credits
			Ex: 30 ECTS Credits = 15 US Credits	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- See notes for the first semester.

I hereby apply to take these classes on exchange.

Student's signature _____

Date:

The University of New Orleans confirms that the proposed class selection has been approved at Program Director level.

Academic Advisor / Program Director / Head of Department

Name <input style="width: 90%;" type="text"/>	Role <input style="width: 90%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>

Host Institution

We confirm that this proposed class selection is approved and available.

Name <input style="width: 90%;" type="text"/>	Role <input style="width: 90%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>

Changes to Exchange Student Enrollment Verification



THE UNIVERSITY of
NEW ORLEANS

Use this form to indicate changes in your class selection after you have completed your enrollment on-site. Please submit as soon as your enrollment is finalized. If you have to submit a change for second semester, use this page again.

Details of Proposed Changes to Class Selection at Host Institution

Name of Student:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	
UNO ID	UNO Email	

Name of Host Institution:

As a result of changes upon arrival, my class selection is now as shown below for:

UNO Subject code e.g. FREN	UNO course level e.g. 2001	Host Institution Classes: code & title	UNO credits	Local credits
			Ex: 30 ECTS Credits = 15 US Credits	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student's signature _____ Date:

Host Institution I confirm that the changes to the initially agreed class selection are approved.

Name <input type="text"/>	Role <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>

The University of New Orleans confirms that the changes to the initially agreed class selection have been approved at Program Director level.

Academic Advisor / Program Director / Head of Department

Name <input type="text"/>	Role <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>

International Student Exchange Programs, The University of New Orleans <http://inst.uno.edu/exchange>

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