

Incoming Exchange Study Plan Proposal

This form must be filled out digitally (a handwritten form will not be accepted), and **signed by your school official at the international office.**

Applicant Full Name (First Last): _____

Name of Home Institution: _____

Expected Date of Graduation (Month Year): _____

List term(s) for which student has permission to enroll at Vanderbilt University (Year 20__):

Fall

Spring

Full Academic Year

Proposed Area of Study at Vanderbilt University: _____

Courses approved by home institution to take at Vanderbilt University:

Vanderbilt Course Code	Vanderbilt Course Title

Name and Title of School Official: _____

Email address: _____

Signature: _____ **Date:** _____

Return completed form in the Application Packet to:

Vanderbilt University
 Global Education Office, ATTN: Incoming Exchange Coordinator
 Student Life Center, Suite 103
 310 25th Avenue South
 Nashville, TN 37240-1573 USA