PENN/DELAWARE EXCHANGE PROGRAM

The Graduate Groups in Anthropology, Historic Preservation and History of Art at the University of Pennsylvania and the Departments of Art Conservation and Art History at the University of Delaware are participants in an Exchange Program. If you are currently in a degree program in one of these programs at one of these institutions and wish to study for a course or courses at the other, you should read the program description and complete the application as indicated. All approvals must be obtained one month before the beginning of classes a the host institution.

Please be aware the host institution may charge an application fee or fees for services that are not covered by tuition. It is your responsibility to meet these charges.

Date of Birth: _____ Sex: ____ Country of Citizenship: _____

Visa Status: _____(Home Institution will continue to issue certificate of eligibility)

Student ID

A. Complete all parts of the items on this page (questions 1-7). Please print or type all information.

First M.I.

1. Name:

Last

۷.	In your present program:				
	Degree sought:	Term of initial registration: (e	.g., Fall 1991)		
	Expected completion date of degree: (e.g., May 1996)				
3.	Course(s) you propose to take at the institution visited:				
			Penn	Delaware	
4.	Department or progra (use official title from g	m: raduate school catalogue)			
5.	Subfield, subject or are	ea of concentration:			
6.	Address to which bills	or other information should be	sent:		
	Street, number, apt:				
	City:			<u></u>	
	State, Zip:				
	Telephone:				
	Please attach a descrip to your degree program	otion of your proposed plan of st	udy during the exchange	and indicate why it is	
		on on the courses you wish to ta information exactly as it appear			
		nd Full Title	Credits	Instructor	

of stu proce	In the following statement: I hereby petition dy outlined above. I agree to abide by the te dures of both institutions. I understand that rogram. I authorize Penn or Delaware to sen	rms and conditions of this violation of any of the reg	program as well as the regulations and ulations can result in my suspension from		
	Signature	Date	 !		
D. Fu	nds for support for the requested period of	study are available, as foll	ows:		
	SOURCE: (e.g., University External, etc.)				
	TYPE: (e.g., Fellowship, Assistantship, Loans, etc.)				
	TUITION: (\$ Amount)				
	LIVING STIPEND: (\$ Amount)				
E.	Obtain the signed approval of the following individuals at one's home institution: 1. Academic Advisor:				
	Name	Signature	Date		
	2. Chair of Graduate Group or Departmen	nt:			
	Name	Signature	 Date		
	3. Vice Provost for Graduation Education	or Associate Provost for G	raduate Studies:		
	Name	Signature	Date		
F. other	The Chair of the Graduate Group or Depa institutions:	rtment at the home institu	ition will send the form to the Chair of the		
G.	Approvals or other institution: 1. Instructor:				
	Name	Signature	Date		
	2. Department Chair:				
	Name	Signature	Date		