<table>
<thead>
<tr>
<th>FACSIMILE TRANSMITTAL SHEET</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO: JULIE JIMENEZ/ CARMEN JOHNSON</td>
</tr>
<tr>
<td>DATE:</td>
</tr>
<tr>
<td>FAX NUMBER: 212-995-4200</td>
</tr>
<tr>
<td>PHONE NUMBER: 212-998-0277</td>
</tr>
<tr>
<td>RE: EXCHANGE STUDENT APPLICATION</td>
</tr>
</tbody>
</table>

- ☐ URGENT
- ☐ FOR REVIEW
- ☐ PLEASE COMMENT
- ☐ PLEASE REPLY
- ☐ PLEASE RECYCLE

LOCATION

ATTENTION: Julie Jimenez/ Carmen Johnson

Deadline Friday, March 3rd 2006
NYU-Stern Exchange Application

Semester(s) of Study

☐ Fall Semester: August 2006- December 2006


☐ Full Year: August 2006- May 2007

Personal Information

(You must list your name as it appears on your birth certificate, passport, and/or other official paperwork from your country. Do not list any nicknames.)

☐ Mr. ☐ Ms. Name _______________________________________________________________

Family First Middle

Date of Birth ______/______/______ Place of Birth _______________________________________

(Month / Day / Year) City Country

Country of Citizenship __________________ NYU I.D. Number __________________________

Country of Permanent Legal Residence ________________________________________________

Complete Mailing Address: ______________________________________________________________________

_____________________________________________________________________________________________

Telephone Number __________________________ E-mail address ______________________________

(Please note, you will be sent important information via e-mail. You must notify us if you change your e-mail address):

_____________________________________________________________________________________________

Your Home School (University) Name: ____________________________________________

Occupation or Position in country of legal permanent residence (please check one):

☐ Undergraduate Student ☐ Graduate Student ☐ Other

Name of Institution ______________________________ Name of Institution ______________________________

Name of Institution ______________________________

The purpose of this form is to: ☒ Begin a new program (Accompanied by _____ immediate family members)

☐ Extend an ongoing program

Funding Information

The exchange visitor must have financial resources adequate to provide for all expenses in the United States. These expenses include tuition, fees, required health insurance and living expenses estimated at $1400 per month.

Sources of financial support for the Exchange Visitor (please check):

Tuition: ☐ Waived ☐ NYU Funding ☐ Personal Funds ☐ Other __________________________

Living Expenses: ____ NYU Funding ____ Personal Funds ____ Other ________________________
NYU Program Information – To be completed by Stern

School Requesting Exchange Visitor: Stern Dept UG International Programs Office

Dates of Program

Beginning Date

Ending Date

When the IAP66 is completed, please: X call for pick up Carmen Johnson x80277

Name Extension

Mail via campus mail: ____________________________________________________________

Campus Address

Mail directly to student: _________________________________________________________

Student Address

Requested By: Carmen Johnson Associate Director, International Programs

Name Title Date

Please send completed application by email or fax to:

Carmen Johnson, Office of International Programs
40 West Fourth Street, Suite 203, NY, NY 10012-1118
Telephone: (212) 998-0277 Fax: (212) 995-4200