

EXCHANGE PROGRAM INFO FORM

(To be completed by Program Coordinator)

International Student and Scholar Services
Georgia State University
P.O. Box 3987
Atlanta, GA 30302-3987
Tel: 404-413-2070
Fax: 404-413-2072
Email: iss@gsu.edu



This form is required of all incoming exchange students. Please complete all blanks, as they are required to process form DS-2019/I-20. This application must be accompanied by original financial documents, a copy of the exchange visitor's passport (as well as dependent's, if applicable), and exchange student application form.

EXCHANGE PROGRAM INFO

Exchange Program: _____

Student Name: _____

Host Department at Georgia State: _____

College: _____ Major/Area of Study: _____

Entrance Term: Spring Fall Summer Year: _____

Length of Program: 1 Semester 2 Semesters 3 Semesters 2 Years (2+2 Program) Other: _____

Education Level in which the student will be enrolled at GSU: Bachelor Master Doctorate

Visa Classification: J-1 Non-Degree J-1 Degree Seeking F-1 Degree Seeking

FINANCIAL INFO:TUITION/FEEES/EMPLOYMENT/FUNDING

Will tuition and fees be paid to Georgia State or the Home Institution? Georgia State University Home Institution

Exchange visitors that pay all tuition and fees to their home institution are only responsible for living expense

Will the student be employed by Georgia State? Yes No

If yes, what type of employment (*Please also provide documentation*)? Graduate Assistantship Student Assistant
 Other: _____

Will student receive a waiver? N/A (Tuition Paid to Home Institution)

Full Waiver with Graduate Assistantship (Please provide GRA offer letter)

Out-of-State Tuition Waiver (Please provide waiver approval notice)

Other: _____

Please refer to the estimated expenses attachment. Questions regarding expenses and funding should be addressed to the International Admissions Coordinator in the International Student & Scholar Services

FINANCIAL WORKSHEET

Tuition: _____ Total Funding from Georgia State University: _____

Fees: _____ Exchange Student's Financial Obligation: _____

Living Expenses: _____ *This does not include any additional expenses incurred by dependents nor does it reflect*

Total Estimated Expenses: _____ *any deductions that are the result of a waiver of sickness and accident insurance.*

PROGRAM COORDINATOR INFO

Coordinator Name and Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

For ISSS Use Only

Reviewed By: _____ Date _____