



***Application Deadlines:**

*If deadline falls on a Holiday or weekend, the due date is the business day prior to it.

Fall: July 1

Spring: November 22

Summer: April 1

Students must have the approval of their Graduate School in order to officially participate in the program. Thus, please complete the steps outlined below as follows.

The Application Process:

1. Student completes and signs **Section A** and the **Student Agreement**. Student must obtain corresponding immunization letters. Please refer to Section C.
2. Student's academic advisor completes and signs **Section B**.
3. Student submits completed application and corresponding immunization forms to the Graduate School office at his/her HOME institution for approval.

The Graduate School at the home institution communicates with the Graduate School at the host institution to process application/pertinent documents and evaluate for approval. Please note that **Section C** will be completed at the Graduate School in your HOME institution.

Upon approval, the HOST institution enrolls the visiting student into the approved course (s).

The student receives host institution information and instructions through the Graduate School contact at the home institution.

Important information for international students and/or students planning to participate in academic travel abroad:

International/NRA student(s): international students (F-1 or J-1 status) will need to also submit a copy of their I-20 or DS-2019, written approval from their International Students Office to participate in the program and proof of insurance.

Academic Travel Abroad: If you will be traveling abroad as a requirement for a course you are taking through this program, you must meet with your respective office of Education Abroad/Study Abroad representative in order to verify all academic travel requirements prior to the semester in which you plan to be traveling. Please contact your University Graduate School representative for additional information about the Education Abroad/Study Abroad representative.

IMPORTANT: if you wish to DROP a course within the program, you must do so by the posted drop date for your home institution. As a participant in the FIU/UM Exchange program, you must DROP through the program coordinator for your home institution.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED.

Program Coordinators

FIU Program Coordinator: Karla Ortega, Director, ortegak@fiu.edu (305) 348-2455 **UM**

Program Coordinator: Alexander Mas, Assistant Director, amas@miami.edu (305) 284-4154

FIU/UM EXCHANGE PROGRAM APPLICATION

For official use only:

Academic Program: _____

Level: _____

GPA: _____

Credit hrs: _____

Signatures confirmed: _____

Rev 06/2020

TERM: Fall 20____ Spring 20____ Summer 20____

This form enables doctoral students (at UM or FIU) or master's students in the Latin American and Caribbean programs to APPLY to be enrolled for up to 6 credits of pre-approved courses at the Host Institution.

Due date: All applications must be submitted by the Application Deadlines listed on page 1.

Please complete this form in its entirety. Incomplete applications will not be processed.

Section A: (To be completed by the student.) Fill in *all* blanks.

1. Panther ID # (for FIU students): _____

2. _____
Last Name First Name Middle Initial

3. Birth Date: ____/____/____
Mo. Day Yr.

4. Gender: Male Female 5. Country of Citizenship: _____
(if applicable)

6. Visa Type **: _____

**** International students (F-1 or J-1 status) will need to also submit a copy of their I-20 or DS-2019, written approval from their International Students Office to participate in the program and proof of insurance.**

8. Local Address: _____
Street Address City State Zip Code

_____ (_____) _____
FIU or UM Email address Telephone Number

9. Doctoral or Master's Program at Home Institution: _____

10. Department at Home Institution: _____

Section B: ADVISOR'S APPROVAL (To be completed by the Academic Advisor.) Please fill in all fields.

Prefix and Course No.	Section	No. of Credits	Days/Time	Course Title

I certify that _____ (student's name) is hereby authorized to take the above course(s) at the HOST institution because these courses are **not part of our program's current curriculum** and will be included as part of the student's (LACC) master's or doctoral program.

Name of the Academic Advisor (Printed)

Signature of Academic Advisor

Date

Section C: IMMUNIZATION (To be completed by the HOME institution through the Graduate School.)

By signing this form, the Home Institution confirms that the above-mentioned student has satisfied the immunizations for Rubella (German Measles) and Rubella (Measles) required by the host institution.

Name, Home Institution

Signature

Date

Effective July 1, 2008, new students enrolling at FIU must also show proof of immunization against Hepatitis B and Meningitis. **UM students must provide a copy of their UM Immunization Record. Please contact University of Miami Student Health Service, click [here](#) for website.**

FIU students must provide a copy of their FIU Student Immunization Report. Please contact FIU Health Compliance, click [here](#) for website.

Section D: REGISTERING for COURSEWORK (To be completed by the Office of the Registrar at both HOME and HOST institutions to enroll student for above course/s.)

1) HOME Institution

Registered by: _____

Staff Member Name

Signature

Date

2) HOST Institution

Registered by: _____

Staff Member Name

Signature

Date

Section E: Graduate School Approval

Name, Graduate School Representative

Signature

Date

University Seal from HOME Institution

Student Agreement

I am in good academic standing, and I am free of any judicial or academic misconduct issues.

I acknowledge that the submission of this application to the Graduate School does not guarantee my enrollment in the FIU-UM Exchange Program. I understand that final acceptance into the program will be determined by the Graduate School.

Upon acceptance into the FIU-UM Exchange Program, I understand that I will be bound by the Student Codes of Conduct from my home and host institutions for the duration of the program (i.e. 1-2 semesters). I understand that I will only be registered for the course(s) approved by my advisor in Section B and a maximum of six graduate credits can be taken under this program. I will be responsible for fees associated to the enrollment at the host institution (e.g. transportation/parking permit, Photo Campus ID). I also understand that this application is only valid for the term specified above (i.e. fall 2020).

I authorize the Office of the Registrar to enroll me for the courses listed below and to release my grades to my Home Institution.

I agree not to drop the courses at either institution without the written approval of the Home Institution Graduate School Office.

I further agree and acknowledge that the grades which I receive via this program will become part of my permanent record.

I have carefully read, and I understand the contents herein. By signing this application, I agree to be bound by the terms of this application and the policies of Florida International University and the University of Miami.

Signature of Student

Date

Important Dates and Information for the UM/FIU Exchange Program

UM's Academic calendar: [University of Miami Academic Calendar](#)

FIU's Academic calendar: [Florida International University Academic Calendar](#)

*** = IMPORTANT: if you wish to DROP, you must do so by the posted drop date for your home institution. As a participant in the FIU/UM Exchange program, you must DROP through the program coordinator for your home institution.**