

# MARIST COLLEGE

## INTERNATIONAL EXCHANGE /VISITING UNDERGRADUATE STUDENT

### ACADEMIC COURSE SELECTION FORM

Last/Family/Sur Name \_\_\_\_\_

First/Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Institution \_\_\_\_\_

Field of Study (Major) \_\_\_\_\_

Marist Semester  Fall  Spring Year \_\_\_\_\_

**INSTRUCTIONS:** From the Marist College Undergraduate Catalogue, under Course Descriptions, available at [www.marist.edu/academics/registrar/undergraduate-catalog](http://www.marist.edu/academics/registrar/undergraduate-catalog), please select five courses and five alternate courses that comply with your course of study at your home institution and have the list approved by your academic advisor. *Please note:* Not all courses are offered or available each semester; consequently, please list five courses and five alternate courses. If you will be attending Marist College for a full academic year, please fill out two forms.

Please be sure to include the full name and course number for each of your selections. Please print clearly.

#### ***Course Selection***

| Course Name                                    | Course Number   |
|--|-----------------|
| <b>Example:</b><br><i>Financial Accounting</i> | <i>ACCT 203</i> |
| 1. _____                                       | _____           |
| 2. _____                                       | _____           |
| 3. _____                                       | _____           |
| 4. _____                                       | _____           |
| 5. _____                                       | _____           |

(over)

Name \_\_\_\_\_ Home Institution \_\_\_\_\_

***Alternate Course Selection***

| Course Name | Course Number |
|-------------|---------------|
| 1. _____    | _____         |
| 2. _____    | _____         |
| 3. _____    | _____         |
| 4. _____    | _____         |
| 5. _____    | _____         |

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Student's Name

\_\_\_\_\_  
Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Advisor's Name and Title

Academic Advisor Contact Information:

University Department \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and e-mail address of additional university contact:

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_