

LOYOLA UNIVERSITY NEW ORLEANS
COLLEGE OF BUSINESS ADMINISTRATION EXCHANGE PROGRAMS
APPLICATION FOR U.S. STUDENTS

For term: Year _____ Fall Spring

PERSONAL INFORMATION

1. Name (as it appears on your passport) _____ Social Security Number: _____
(Last) _____ (First) _____
2. Male Female
3. Campus Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ E-Mail _____
4. Date of Birth _____ Citizenship _____
5. Billing address _____
6. City _____ State _____ Zip _____
7. Passport Number (If you do not have a valid passport, apply for one immediately) _____
8. Next of Kin to be notified in case of emergency _____
Name _____ Relationship _____ Phone number _____
- Number/Street _____ City/Country _____
School you are attending now _____ Major _____

I certify that the information on this application is accurate and complete, and I acknowledge that any omission or inaccurate information could jeopardize my standing with Loyola University New Orleans. I hereby authorize release of my transcript to my home institution.

Signature of Applicant

Date

DEADLINE FOR SUBMISSION OF APPLICATION:

For Fall admission MAY 15

For Spring admission OCTOBER 15

Please enclose the \$50 application fee. Applications will not be processed without it. Please have an official transcript sent. A letter of good standing signed by your dean should also be forwarded.

Mail to: S. Attaya College of Business Administration Exchange Programs
Loyola University - Box 15
6363 St. Charles Avenue
New Orleans, Louisiana 70118-6195