





**CASE WESTERN RESERVE UNIVERSITY**  
UNIVERSITY OF THE VIRGIN ISLANDS EXCHANGE STUDENT  
APPLICATION  
2009-2010 ACADEMIC YEAR

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

Academic major (field, specialty) \_\_\_\_\_

Academic Adviser:

Name \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Current year of study:

\_\_\_\_ First year \_\_\_\_ Second year \_\_\_\_ Third year \_\_\_\_ Fourth year \_\_\_\_ Graduate student

Expected date of completion of current program \_\_\_\_\_

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**Part 3: Planned Program of Study at CWRU**

Please list specific courses you would like to enroll in. Courses offered at CWRU are listed at the following website: <http://www.case.edu/provost/registrar/soc.html>. Indicate which courses are absolutely necessary and those that are optional.

Subject	Course Title	Necessary/Optional
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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My signature below indicates that all information contained in my application is complete, factually correct, and honestly presented.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Student Adviser \_\_\_\_\_ Date \_\_\_\_\_