

Exchange Student Nomination Form



Study Abroad
OFFICE OF INTERNATIONAL PROGRAMS
SAM HOUSTON STATE UNIVERSITY

Name of Sending Institution: _____

Name & Title of Person in Charge: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Total number of Students being nominated: _____

First Student

Student Name (Last, First): _____

Major in Home Institution: _____

Email: _____

Sex: _____ Term of Exchange: ___ One Year ___ One Semester

Starting Semester: ___ Fall ___ Spring

Second Student

Student Name (Last, First): _____

Major in Home Institution: _____

Email: _____

Sex: _____ Term of Exchange: ___ One Year ___ One Semester

Starting Semester: ___ Fall ___ Spring

Please provide the above information for each student who is nominated. Please confirm with SHSU Study Abroad on total number of students that can be accepted from your university under the exchange.

We would like to send the students listed above as part of our exchange agreement with Sam Houston State University.

Signature: _____ Date: _____