

Application for Special Exchange student at UNU-IAS

Name	First Name	Last Name	
Date of Birth (dd/mm/yy)		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Nationality		Student ID	
E-mail address		Telephone number	
University Name		Department Name	
Enrolled Programme	<input type="checkbox"/> MSc <input type="checkbox"/> PhD	Academic Year	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Academic Advisor Name		Have you ever registered course at UNU-IAS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Courses that you wish to register

No		Course Title	Credits	Instructor
1				
2				
3				
4				
5				
6				

Signature of Student _____ Signature of Academic Adviser _____

*This course registration form will not be accepted if there is no signature of the student's Academic Adviser
Students are responsible to complete the course registration by the registration deadline

For UNU-IAS Postgraduate Degree Administration Office Use only					
Approval		Registered		Application Date	Registration Date