



OFFICE OF ADMISSION
 370 Lancaster Ave. | Haverford, PA 19041-1392
 Phone: (610) 896-1350 | Fax: (610) 896-1338 | TTY: (610) 896-1436
 admission@haverford.edu | www.haverford.edu/admission

Exchange Student Application

For full-time, non-degree-seeking students entering in September or January

Please print or type

Have you previously applied to Haverford? Yes No If yes, when? _____

When do you wish to enroll this year? Fall _____ Spring _____ full academic year _____
Year Year Year

Your name _____
Last First Middle

Home address _____

Mailing address _____

E-mail address (if active) _____ Male Female

Home phone _____ Mailing address phone _____

Birth date _____ Citizenship: U.S. U.S. Permanent Resident Other Country: _____

Place of birth _____

The items in this section are optional

Social Security No. _____ Marital status _____

What is your first language? _____ What language do you speak at home? _____

How would you describe yourself? Please check any that apply to you:

- African American, Black
- Native American, Alaskan Native (tribal affiliation _____)
- Asian American (country of family's origin _____)
- Asian, including from Indian Subcontinent (country _____)
- Hispanic, Latino/a (country _____)
- Mexican American, Chicano/a
- Native Hawaiian, Pacific Islander
- Puerto Rican
- White or Caucasian
- Other (Specify _____)

List below the name of every secondary school and college/university you have attended. Please arrange them chronologically, current institution last.

| INSTITUTION | LOCATION (CITY, STATE, ZIP) | DATES ATTENDED |
|-------------|-----------------------------|----------------|
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EXCHANGE STUDENT APPLICATION



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Have you visited the campus? Yes No If yes, when? _____ | [require prefer don't want] campus housing.

Optional: Are you a member of the Society of Friends? Yes No If yes, please give the name of your meeting:

Please list the courses you would like to take at Haverford (consult the Catalog of Courses or www.haverford.edu/academics/courses):

| | |
|--------------------------------------|---------------------------------------|
| <u>Fall Semester, First Choice</u> | <u>Fall Semester, Second Choice</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| <u>Spring Semester, First Choice</u> | <u>Spring Semester, Second Choice</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

HAVERFORD HAS AN EXTENSIVE STUDENT-RUN HONOR CODE; IT IS BOTH SOCIAL AND ACADEMIC IN ITS SCOPE. PLEASE BE SURE THAT YOU UNDERSTAND THE PRIVILEGES, RESPONSIBILITIES AND VALUES INHERENT IN OUR COMMUNITY BEFORE APPLYING. (SEE www.haverford.edu/code)

Your signature _____ Date _____

Haverford College does not discriminate in education or employment on the basis of sex, sexual orientation, race, color, age, religion, national origin, physical disability or handicap. This policy is consistent with relevant governmental statutes and regulations, including those pursuant to Title IX of the Federal Education Amendments of 1972 and Section 504 of the Federal Rehabilitation Act of 1973. Inquiries about Title IX and other policies of nondiscrimination may be referred to the Affirmative Action Officer, or to the Director of the Office for Civil Rights, US Department of Health and Human Services, Washington, DC.

Please mail this application to:
 Office of the Dean of Students
 Haverford College
 370 Lancaster Ave.
 Haverford, PA 19041-1392

Phone: (610) 896-1230
 Fax: (610) 896-1338
 TTY: (610) 896-1436
 dmancini@haverford.edu
 www.haverford.edu

E X C E L L E N T A P P L I C A T I O N