



UM Exchange Program

Course Selection Form

<input type="checkbox"/> 1 st Semester	<input type="checkbox"/> 2 nd Semester	<input type="checkbox"/> Full Academic Year
---	---	---

(Please write clearly in BLOCK Letters)

Family Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Nationality
Home University	Country
Email	Tel

1st semester

Faculty	Course Code	Course Title	Priority	Class <i>(office's use)</i>

2nd semester

Faculty	Course Code	Course Title	Priority	Class <i>(office's use)</i>

Approval from Home Institution

Students

Signature & Date
Title

Signature
Date

FBA – Faculty of Business Administration (www.umac.mo/fba/)
 FSH – Faculty of Social Science and Humanities (www.umac.mo/fsh/)
 FST – Faculty of Science and Technology (www.umac.mo/fst/)

FED – Faculty of Education (www.umac.mo/fed/)
 FLL – Faculty of Law (www.umac.mo/fll/)