Bellarmine University

EXCHANGE STUDENT ARRIVAL INFORMATION

place
passport
photo
here

Mail to Host University:

Or Fax to:

Last Name: _____

First Name: _____

Permanent Address:
Street: _____
City: _____
Country: _____
Phone: _____
Fax _____
E-mail: _____

ADDRESS (during last month prior to departure, if different from permanent address):

Home University: _____

Home University Advisor' Name & Phone #:

_____

Home University Advisor e-mail

_____

Major: _____
Minor: _____
Birthday: _____

Emergency Contact:

Relationship to student: _____

Name: _____ _____
First Name Last Name

e-mail: _____ **Phone:** _____

Passport Number: _____
Exchange Period: Fall _____ **Spring** _____
Arrival Date: _____/ _____/ _____
MONTH DAY YEAR
Airline: _____
Flight #: _____
Arrival Time In: _____
Airport of Entry: _____