



INDIAN INSTITUTE OF FOREIGN TRADE

B-21 QUTAB INSTITUTIONAL AREA, NEW DELHI-110016

EXCHANGE PROGRAMME APPLICATION

PLEASE FILL-IN THIS FORM IN BLOCK LETTERS

1. **Your Name** (As it appears on your passport)

Name (in Capital Letters) _____
(Last) (First) (Middle)

Preferred Name _____ Former or maiden name(s) _____

2. **Proposed Terms of Attendance:** (mark all that apply)

- Fall Semester (July-September) of year 20____
 Spring Semester (January-March) of the year 20____
 Winter Semesters (October-December) of the year 20____

3. **Do you request on-campus housing?** Yes No

4. **Length of Study:** 1 Semester 2 Semester 2 Semester + Summer

5. **Your Home Institution**

University/Institution Name _____

City _____ Country _____

Name of Authorized Official _____ E-mail address _____

6. **Your Mailing Address**

Street/Apt./etc. _____

City _____ State _____ Postal code _____

Country _____ Day phone _____ E-mail (or fax) _____

Your E-mail Address: _____

7. **Your Permanent Address** (if it is not the same as the mailing address above)

Street/Apt./etc. _____

City _____ State _____ Postal code _____

Country _____ Day phone _____ E-mail (or fax) _____

8. **Your Date of Birth:** Month _____ Day _____ Year _____

Gender: Male Female

9. **Is English Spoken at Home?** _____

10. **Your Country of Citizenship** _____

11. **Colleges Attended** (List all post-secondary institutions you have attended).

College/University	CEEB code	City, State	Credits earned	Sem/Qtrs completed	GPA	Dates attended	Degree earned

12.. Area of interest (called a "major") for study at IIFT _____

13. Please attach a list of 5-10 IIFT courses you would like to study during your exchange period.

14. Have you ever been subjected to disciplinary action by any college or university, or convicted of a violation of any state or federal law, other than minor traffic violation?

Yes

No

If yes, explain fully on a separate sheet.

PLEDGE OF HONOUR

I certify that all information given on this application is true and correct. I will abide by all rules and regulations of the university. I will accept the responsibility of the Honor Code of the university. I pledge I will not lie or cheat. I understand that violation of the IIFT Honour Code may result in severe penalties, including dismissal from the university.

Date: _____

Signature of Applicant

Name of Authorized Exchange Official at Home Institution: _____

Signature: _____

Date: _____

Phone No.: _____

Fax No. _____

E-mail Address: _____