

# National Student Exchange Advising Agreement

This form must be completed, signed, and returned to the NSE Coordinator prior to exchange.

## MIDDLE TENNESSEE STATE UNIVERSITY

NAME: \_\_\_\_\_  
Last First MI

STUDENT M# \_\_\_\_\_ MAJOR \_\_\_\_\_

EXPECTED GRADUATION TERM: \_\_\_\_\_ TERM/SEMESTER OF EXCHANGE: \_\_\_\_\_

CALENDAR AT HOST INSTITUTION: \_\_\_\_\_ SEMESTER\* \_\_\_\_\_ QUARTER\*

CLASS STANDING WHILE ON EXCHANGE: \_\_\_\_\_ SOPHOMORE \_\_\_\_\_ JUNOR \_\_\_\_\_ SENIOR

MTSU EMAIL ADDRESS (required) \_\_\_\_\_

HOST INSTITUTION: \_\_\_\_\_

\* Courses transferring from a **quarter calendar to a semester calendar** generally earn one-third less value than semester credit hours. Courses transferring from a **semester calendar to a quarter calendar** will generally earn one third more value than quarter credit hours. Fractions of hours may be rounded up or rounded down as deemed appropriate by institutional policy. A full-year exchange is strongly encouraged when moving between the two calendars.

### Directions for the Student:

List the department, number, title, and credit hours for each course you might take at the host institution as described in the host college catalog. **You should select at least twice as many courses as you plan to take on exchange and list courses for the entire period of your exchange - not just for your first term.** For each course selected, attach a copy of the course description. With the help of your academic advisor, indicate how each course will be accepted (e.g., major requirement, major elective, minor course, etc.). If the course will replace a major course, indicate the course that will be replaced. Secure the signatures of your advisor, Department Chair, and Academic Dean. Sign and return the completed form to the MTSU NSE Coordinator in Davis Science Building (DSB) 120 prior to exchange.

**NOTE:** Access to courses at your host campus is based on offerings and availability and cannot be guaranteed. You must meet all pre-requisites or co-requisites as required by the host campus.

### Required Signatures:

Academic Advisor: \_\_\_\_\_  
Printed name Date  
Signature Telephone Number  
Email Address

Department Chair: \_\_\_\_\_  
Printed name Date  
Signature

Academic Dean: \_\_\_\_\_  
Printed name Date  
Signature

Student: \_\_\_\_\_  
Signature Date

NSE Coordinator: \_\_\_\_\_

