University of California, San Diego
Graduate Academic Affairs
Office of Graduate Studies
9500 Gilman Drive
La Jolla, CA 90034

San Diego State University
Graduate and Research Affairs
Graduate Division
5500 Campanile Drive
San Diego, CA 92182-8220

GRADUATE STUDENT EXCHANGE

This form is to be used by graduate students from **SDSU** and **UCSD** who are participating in an exchange. (**SDSU** students return form with all signatures except the Deans' completed to the Graduate Division Office, room SSE- 1410, no later than 3 weeks prior to each quarter that the student requests participating in an exchange. **UCSD** students return form with all signatures completed except the Deans' to the Office of Graduate Studies and Research, **UCSD**, no later than 3 weeks prior to the semester that the student requests participation in the exchange):

_____ _____ **SDSU** Student___ MALE___ DOMESTIC ___ FOREIGN ___
Student ID Date of Birth **UCSD** Student___ FEMALE___ NON-RESIDENT___ RESIDENT___

_____
Last Name First Name MI

_____
Local Address City State Zip

_____
Local Phone Number(s) E-mail Address

Student: For which term are you making this request? Fall Winter Spring Year _____

TOTAL **SDSU** UNITS you will register for the semester listed above. _____

TOTAL **UCSD** CREDITS you will register for the quarter listed above. _____

Please list the courses/credits you wish to take at the host campus (campus where you are seeking your degree) below:

Course Number	**Schedule Number**	**Units/Credits**	**Instructor's Name and Signature**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: For those students participating in an interdepartmental agreement, refer to the maximum units allowed during each semester/quarter. For those students participating in the generic course exchange, only one course is allowed per term.

Student's Signature _____
Date

Graduate Program Advisor Signature, **SDSU** _____
Signature Department Date

Department Chair Signature, **SDSU** _____
Signature Department Date

Graduate Program Advisor Signature, **UCSD** _____
Signature Department Date

Department Chair Signature, **UCSD** _____
Signature Department Date

Dean of Graduate and Research, **UCSD** _____
Signature Date

Dean of Graduate Division, **SDSU** _____
Signature Date

SDSU Distribution: Admissions and Records Cashier's Office Graduate Division **UCSD Distribution** OAR Graduate Department OGSR