



**Maryville College
Exchange Student
Preferred Course Selections**

Name: _____

Academic Year: _____ Semester: _____ Field(s) of Study: _____

Home Institution: _____

Please list specific courses that you would like to take at Maryville College. Students should list at least 12 credits per semester. It is recommended that you list more courses than you plan to take in case a course is not available or full at the host institution.

Please mark with an asterix () any courses that **must** be completed during your period of study in order to fulfill any home institution requirements.*

Semester (Fall or Spring)	Course Number	Course Title	Number of Credits

Would you consider alternate courses with similar course content? ___ Yes ___ No

I have discussed my proposed program with the appropriate faculty and advisors, and have approval for the academic program outlined above. I understand that course prerequisites at the host campus must be met and that course registration at the host institution is based on the availability of offerings and cannot be guaranteed.

Student Signature: _____ Date: _____

Completed form must be returned to Kirsten Sheppard, Maryville College Kirsten.Sheppard@maryvillecollege.edu