



UNIVERSITY OF NEW YORK IN PRAGUE

STUDENT EXCHANGE PROGRAM APPLICATION

The Application Form must be signed and submitted electronically to cge@unyp.cz by the application deadline.

STUDENT INFORMATION	
Student ID:	
First Name:	
Last Name:	
Country of Permanent Residence:	
E-mail Address:	
Area of Study/Major:	
Dean of School/Director:	
Current Semester:	
Credits Earned:	
G.P.A.:	
Semester to be spent Abroad:	
Partnership Program/Institution (in order of preference):	
1.	
2.	
3.	
By my signature I certify that the information provided above is true and complete to the best of my knowledge.	
Student Signature: _____	Date: _____
Statement of Interest: <i>(Please attach an essay that discusses in 300 words how this program will benefit you academically, promote intellectual and personal growth and offer a diverse educational opportunity.)</i>	