



Haskell Indian Nations University
Office of the Registrar

Haskell-KU Student Exchange Program Application

Application valid during Haskell’s “Pre-Enrollment” dates, applies to “Continuing” students only.

In an agreement with the University of Kansas, students from both schools have the ability to attend classes at each university while being a full-time Haskell Indian Nations University or University of Kansas Student. This long-standing program is open to qualified students and all inquiries, approvals, and student applications should be routed through the Office of the Registrar, Haskell Indian Nations University.

Student Information

Student Name: _____ Semester: Fall _____, Spring _____, Summer _____
Last, First MI

Other name by which you may be known: _____

Mailing Address: _____

E-mail Address: _____ Telephone: _____ Cell: _____

Emergency Contact Information:

Name of individual to notify in case of emergency: _____

Relationship: _____ Parent _____ Nearest Relative _____ Spouse _____ Other

Address/City/State/Zip Code: _____

Telephone Number: _____ Cell Phone: _____

Student of (check one): Haskell Indian Nations University _____ University of Kansas _____

Major: _____ Cumulative GPA: _____ Are you on Academic Probation: **Y or N**

Must Have a 2.50 Cumulative GPA; all requests must have advisor signature; the KU Exchange Course is not guaranteed. Students are encouraged to maintain 12 cr hrs until they are notified of the approved KU course. Students are required to pay for book expenses, parking, and lab fees at KU for the course.

Course Request:

First Choice: Course# _____ Course Title _____

Credits Hours: _____ Meeting Day(s): M T W R F Meeting Time: _____

Is Lab/Discussion Required (if so, list day/time) _____ Instructor Name: _____

Second Choice: Course# _____ Course Title _____

Credits Hours: _____ **Meeting Day(s):** M T W R F **Meeting Time:** _____

Is Lab/Discussion Required (if so, list day/time) _____ **Instructor Name:** _____

In a brief statement, how will this course facilitate the success of your Academic Program: _____

*By signing this form, I am agreeing to follow the rules and policies of Haskell Indian Nations University and the guidelines of the University of Kansas Student Exchange Program. **I understand that my transcript may be provided to KU Exchange Program Coordinator to determine if I meet the pre-requisites for the KU class I am requesting.***

Signature Date

Advisor's Approval Date

<p>For Office Use Only</p> <p>Encoded into CAMS by: _____ Date: _____</p>
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