



Student Exchange Request Form

University: RENNES School of Business, France

Fall/Spring, Year:

Important:

Application No (for office use only):

Students who wish to participate in Student Exchange Program must fill and submit the form approved by respective Program Director and Registrar (ORG) along with an authorized and stamped copy of all previous semester transcripts before the deadline at OIN.

First Name (Given Name): _____ Last Name (Surname): _____

Student ID: _____ Email ID: _____

Contact No: _____ Alternate Email ID: _____

School: _____

Degree Program: _____

Current Semester No: _____ Semester to be Studied: _____ CGPA: _____

CNIC No: _____

Passport No: _____

Please write your reasons to participate in Student Exchange Program.



Approval of Program Director, along with recommended courses to be studied during exchange period:

Student's Signature: _____

Date: _____

Signature of Program Director: _____

Date: _____

Approval by the Registrar's Office: _____

Date: _____

For Office Use:

Exchanging Institution: _____

Application Status: _____

Date: _____

Signature: _____