Course Schedule for Exchange Students
Bridgewater State University

Name: First _____ Middle _____Last_____

Current Address: Street/Residence Hall and Room
_____

City, State/Province, and Zip/Postal Code
_____

Permanent Address: Street
_____

City, State/Province, and Zip/Postal Code
_____

Current Phone _____/_____

Permanent Phone_____/_____ Alternate Phone/Cell_____/_____

Phone_____/_____

E-mail _____

Alternate E-mail _____

Course Schedule
Please list in order of preference

Course # (ex. ENGL 101)	**Sec. #** (Ex. 001)	**CRN** (Ex. 1111)	**Credit** U	**Credit** G	**Course Title**	**Days**	**Time**