

EXCHANGE STUDENT INFORMATION SHEET

**Please complete this form and return with attachments to Sheila Bayne:
Sheila.Bayne@tufts.edu**

Last Name

First Name

Address

Phone Number

Date of Birth (Month/Day/Year)

Email Address

Gender

Country of Citizenship

Country of Permanent Residence

Current Field of Study in Home
Country

Current Academic Level in Home Country

Intended Area of Study at Tufts
