



Office of Admission
Graziadio School of Business and Management

Partner School Nomination Form

STUDENT LAST NAME (Family): _____

STUDENT FIRST NAME: _____

PARTNER SCHOOL: _____

Exchange Student

***Guest Student**

Student has completed 2 or more semesters at partner school

Student has completed less than 2 semesters at partner school

(Undergraduate transcript is required if less than 2 semesters have been completed at partner school)

Term Year: _____
(Year you plan to enroll)

Select Term:

- Spring
- Summer
- Fall

Select One:

- 7-Week (Session A)
- 7-Week (Session B)
- One Trimester Exchange
- Two Trimester Exchange

**Guest Students are responsible to pay the full Pepperdine tuition for the period of their studies.
Guest Students are required to provide a faculty recommendation and signature below.*

I certify the above student has been nominated by our school to attend Pepperdine Graziadio as an exchange/guest student for the above year, term and session.

(Partner School Representative Signature)

(Date)

(Title)