



Bi-lateral Study Abroad Program Application

Application Deadline: please see specific exchange program flyer

Country/University applying for: _____

Date Application Submitted: _____

Nonrefundable \$100 Application Fee Received: _____

*The application is not considered complete until the fee has been paid.

Please type or print very clearly.

CONTACT INFORMATION

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 _____

Campus I.D. Number _____

DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): _____

Gender: Female Male

Are you currently living in on-campus housing? Yes No

Are you a resident of the state/province in which your home campus is located? Yes No

Country of Citizenship: United States Canada Other _____

Non-resident alien — If non-resident alien, visa type _____ Lawful permanent resident

Primary reason(s) for exchange - check all applicable

access different courses/faculty

evaluate graduate schools

live in a different area

personal growth

participate in host campus international program

enter host campus honors program

exchange as a resident assistant

language study

look for future employment

other: _____

SCHOLASTIC AND OTHER INFORMATION

Current Class Level: Fr So Jr Sr Cumulative grade point average: _____

Major: _____ Minor: _____

Will you need courses in your major while on exchange? Yes No

Are you currently receiving financial aid? Yes No

Where do you plan to reside at the exchange school? Residence hall Off-campus

Are you currently enrolled in the honors program? Yes No

Marital Status: Single Married

EDUCATIONAL BACKGROUND

Number of units completed to date: _____ Number of units enrolled in current term: _____

Expected graduation date: _____

Do you have any incomplete grades, missing grades, or other deficiencies (e.g. failure to complete required proficiency tests)? Yes No

If yes, please explain: _____

Activities, positions, honors while in college: _____

EXCHANGE REQUESTS

Period of requested exchange: Fall Semester 20____ Spring Semester 20____
 Fall Quarter 20____ Winter Quarter 20____ Spring Quarter 20____
 Summer 20____

OTHER CONSIDERATIONS

Have you ever been convicted of a felony? Yes No

Are you on probation, parole, or have any legal judgments pending against you either inside or outside campus?

Yes No If yes, please explain:

Are you currently under any campus disciplinary action for violation of codes of academic or student conduct?

Yes No If yes, please explain:

Do you have any outstanding indebtedness to the campus? Yes No

LANGUAGE PROFICIENCY (check program flyer for language requirements)

Language: _____ (indicate level of proficiency: beginning, intermediate, or advance)

Read: _____ Write: _____ Speak: _____

Language: _____ (indicate level of proficiency: beginning, intermediate, or advance)

Read: _____ Write: _____ Speak: _____

EMERGENCY CONTACT

Name _____ Relationship _____

Street _____

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

Phone _____/_____ E-mail _____

RELEASE OF INFORMATION

The collection, retention, and dissemination of your records and information about you are subject to federal regulation under the Family Education Rights and Privacy Act of 1974. You are responsible for specifying the persons or agents who have access to your records. Therefore, it is necessary that we obtain your permission to request and release information pertinent to your exchange. Please read the following statements and sign below:

- I understand that it will be necessary for my campus to obtain certain information about my academic and non-academic record in order to: 1) ascertain my eligibility and suitability for an, and 2) facilitate my exchange after it is arranged. I hereby grant permission to the Study Abroad/Exchange Program Coordinator and/or designee to obtain information that is appropriate to my application and participation in the exchange including, but not limited to, letters of recommendation, permanent academic records and transcripts, conduct, fiscal records, medical records, all for the purposes of exchange placement and participation, continuation, or termination.
- I give permission to the Coordinator and/or designee to contact appropriate personnel in order to verify that I am under no disciplinary action for violation of codes of academic and student conduct and/or that I have no judicial cases pending which would invalidate my eligibility for exchange.
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the exchange application process to those individuals/committees responsible for reviewing and approving my application for exchange participation.
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the exchange application process to the host institution at which I am placed.

Signature _____

Date _____

SIGNATURE

I have read and fully understand:

- participating in the exchange program is a privilege and not a right
- submitting an application is not a guarantee of application acceptance or placement
- failure to maintain (prior to and during my exchange) all of the eligibility requirements of the program and those of my home and host campuses will result in the cancellation of my exchange.
- failure to pay all financial obligations to my home and host campuses will result in the cancellation of my exchange.

I also understand that until financial obligations are met, my home and host campuses will not release transcripts; and I will not be permitted to re-enroll at, or graduate from, my home campus.

If accepted for participation in the exchange program, I agree to adhere to all the rules and regulations of both my home and host institutions. Failure to do so will result in the cancellation of my exchange.

I affirm that all information is complete, accurate, and true to the best of my knowledge. I acknowledge that I am signing freely, voluntarily, and under no compulsion.

Signature _____

Date _____

SPECIAL NEEDS OR CIRCUMSTANCES

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be needed; a documented disability which may require academic accommodation (e.g., notetakers, taped texts); a medical condition which might require immediate attention during exchange; or a condition which might affect emotional or mental well-being during exchange, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you on this campus. Also indicate whether or not we may contact your requested host campuses at this time. Your disclosure at this stage of the application process is invited in order to assist you in identifying a placement site which can provide reasonable accommodation of your needs.

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