

# California State University, Los Angeles

## International Programs and Services

### Exchange Program Application

Application Deadline: please see specific exchange program flyer

Country/University applying for: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

Nonrefundable \$175 Application Fee Received: \_\_\_\_\_

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

Please type or print very clearly.

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#### 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 \_\_\_\_\_/\_\_\_\_\_ extension \_\_\_\_\_ Permanent Phone \_\_\_\_\_/\_\_\_\_\_

Alternate Phone/Cell Phone \_\_\_\_\_/\_\_\_\_\_

E-mail \_\_\_\_\_ Alternate E-mail \_\_\_\_\_

Campus I.D. Number \_\_\_\_\_

#### DEMOGRAPHIC INFORMATION

Year of birth (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 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

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 Host-family Off-campus

Marital Status: Single Married

**EXCHANGE REQUESTS**

Period of requested exchange: Fall Semester 20\_\_\_\_ Spring Semester 20\_\_\_\_

Fall Quarter 20\_\_\_\_ Winter Quarter 20\_\_\_\_ Spring Quarter 20\_\_\_\_

Summer 20\_\_\_\_

**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: \_\_\_\_\_

**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 with 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 exchange, 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 understand that:

- 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.