



Application For Exchange

Deadline for Priority Placement: Mid-January
 Application Deadline: Late-February

Date Application Submitted: _____
 Nonrefundable Application Fee (\$125) Received: _____
 The application is not considered complete until the fee has been paid.

Prior to completing this application, read:

- NSE eligibility requirements, policies, and procedures (pages 6 - 12 of the *NSE Directory*)
- Campus NSE policies and procedures

**RETURN THIS FORM TO: Dr. B. Onuma Okezie, NSE Coordinator and Director,
 International Programs, Carver Complex, Bonner Wing, Room 104.**

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 ____/____/____ extension _____ Permanent Phone ____/____/____

Alternate Phone/Cell Phone ____/____/____

E-mail _____ Alternate E-mail _____

Social Security Number _____ 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, State of Residence _____

Country of Citizenship: United States Canada Other _____

Non-resident alien — If non-resident alien, visa type _____ Resident alien

DEMOGRAPHIC INFORMATION, continued

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 requesting financial aid (Plan A) from the host campus? Yes No

Are you currently receiving financial aid? Yes No

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

Are you currently enrolled in the honors program? (Yes (No

Marital Status: (Single (Married

Will you be accompanied on exchange by: spouse (Yes (No children (Yes (No

Do you wish to go on exchange with another student(s): (Yes (No

If yes, name of the student(s) _____

Name of campus at which the student is enrolled: _____

EXCHANGE REQUESTS

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

List in priority order the institutions you wish to attend and the tuition payment plan(s) you could use.
(Use an additional sheet if more than five institutions are requested.)

Name of Institution	Tuition Payment Plan
	Plan A=In-state tuition/fees are paid to your host institution. Plan B=You pay your normal tuition/fees to your home campus.
1. _____	___A only ___B only ___A or B (prefer ___)
2. _____	___A only ___B only ___A or B (prefer ___)
3. _____	___A only ___B only ___A or B (prefer ___)
4. _____	___A only ___B only ___A or B (prefer ___)
5. _____	___A only ___B only ___A or B (prefer ___)

EDUCATIONAL BACKGROUND

Number of credits completed to date: _____ Number of credits 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: _____

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. NSE does not discriminate on the basis of special needs. Rather, 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. Following placement, it is your responsibility to consult the host campus coordinator and ADA officer to determine the deadlines by which you must submit written, current, and professionally documented information as required by your host campus.

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

What is your native language? () English () French () Spanish () Other: _____

If you plan to exchange to a campus in Puerto Rico, you must be certified for proficiency in Spanish. If you plan to exchange to the Universite de Sherbrooke in Quebec, you must be certified for proficiency in French. If English is not your first language, for all other NSE locations you must demonstrate proficiency in English. Language proficiency must be determined prior to placement.

RECOMMENDATIONS/REFERENCES

List the individuals who are writing references for you. Submit reference forms to your advisor, at least one faculty/staff member, and one other person who will recommend you for exchange.

<input type="checkbox"/> <input type="checkbox"/> advisor	department/office	phone
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faculty/staff	department/office	phone
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<input type="checkbox"/> name	relationship to applicant	phone
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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 through NSE, and 2) facilitate my exchange after it is arranged. I hereby grant permission to the NSE 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 NSE 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 NSE application process to my home NSE Coordinator, designee, and 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 NSE application process to the National Student Exchange Central Office and to the NSE host institution at which I am placed.

Signature _____

Date _____

SUPPORTING MATERIALS OR OTHER REQUIREMENTS

- () unofficial transcript
- () recommendations/references
- () program of study statement
- () statement of personal goals and reasons for exchange participation
- () language proficiency report (if applicable)
- () interview

SIGNATURE

I have read and fully understand:

- information on eligibility, policy, and procedures presented in the *NSE Directory* (pages 6-12)
- campus policies and procedures governing my exchange participation

I further understand that:

(participating in the National Student Exchange is a privilege and not a right
 (submitting an application is not a guarantee of application acceptance or placement
 (I must, at all times prior to and during my exchange, meet the eligibility requirements
 (academic, behavioral, and
 financial) of the program and those of my home and host campuses, and that failure to
 do so will result in the cancellation of my exchange.

If accepted for participation in the National Student Exchange, 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 _____

□



Reference - Academic

APPLICANT: PLEASE COMPLETE THIS SECTION

Applicant's Name _____

In compliance with the Family Education Rights and Privacy Act of 1974, the candidate may have access to this evaluation unless access is waived by completing the following statement:

I, _____, waive my right to access this evaluation.

Signature _____

Date _____

TO THE ACADEMIC ADVISOR:

The person named above has asked that you serve as a reference on his/her behalf. He/She has applied for participation in the NATIONAL STUDENT EXCHANGE. Through this program, students have the opportunity to attend other colleges and universities around the nation and, in turn, students often have the opportunity to take specialized courses and enjoy the personal development that accompanies new academic experiences and settings.

Students are selected for this program on the basis of their seriousness of purpose, adaptability to change, willingness to share their experience, and responsibility expressed toward their commitment. Would you cite reference to those qualities which qualify him/her for acceptance into this program? (Please refer to academic ability and career goals, character and personality, and emotional maturity and responsibility exhibited toward others and self.

Name (please print)

Position or Title

Phone

E-mail Address

Signature

Date



Budget/Resource Worksheet

This form is for use in estimating the costs for exchange and the financial resources available to fund them. Please complete the form and return with your application. Consider the length of your exchange (part of the academic year or all of the academic year), the number of times you are likely to travel to and from your home to your host campus, and the cultural and geographic opportunities you would like to take advantage of while on exchange. Note that tuition, fees, room, and meals frequently increase from 5-10 percent per year. Financial aid while on exchange may vary from that which is currently received.

ESTIMATED COSTS:	Per Term	Annual
Tuition/Fees*		
Plan A: Host Tuition/Fees	\$ _____	\$ _____
or		
Plan B: Home Tuition Fees	\$ _____	\$ _____
Host Room and Meals*	\$ _____	\$ _____
Books/Supplies*	\$ _____	\$ _____
Insurance*	\$ _____	\$ _____
Transportation on the		
Host Campus*	\$ _____	\$ _____
Personal Expenses*	\$ _____	\$ _____
Other		
Travel to/from Host	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
	\$ _____	\$ _____

- ✓ Calculate Plan B tuition based on the calendar of the home campus.
- ✓ Calculate all other fees, including Plan A tuition, on the calendar of the host campus.
- ✓ Tuition and fees at semester schools are paid two times a year. Tuition and fees at quarter schools are paid three times a

* Figures available from *Campus Budget Estimates* at www.nse.org.

TOTAL ESTIMATED COSTS

In addition to costs estimated above, other additional expenses may include fees that are a condition of your enrollment (e.g., general service, laboratory, art and photography supplies, field experience, student teaching, technology fees, computer fees, etc.) and other fees (e.g., application, orientation, field trips, NSE program fees, health services, parking, special events, student activities, athletics, etc.). See campus catalogs and *NSE Directory* for additional information.

RESOURCES:	Per Term
Personal Savings	\$ _____
Family Support	\$ _____
Federal Grants/Loans	\$ _____
Pell	\$ _____
Perkins	\$ _____
Ford	\$ _____
SEOG	\$ _____
FFEL	\$ _____
DSL	\$ _____
State Financial Aid**	\$ _____
Scholarships**	\$ _____
Work on exchange	\$ _____
Other: _____	\$ _____
	\$ _____

** Not all aid is applicable to exchange programs or applicable to Plan A exchanges. Check with your financial aid officer and/or scholarship source.

TOTAL ESTIMATED RESOURCES



Program of Study Statement

Applicant's Name _____

Please complete the information requested on this form regarding how your proposed exchange will contribute to your academic and personal development as well as why you have selected particular colleges and/or universities as exchange sites. Add additional pages if necessary. Submit this statement to the NSE coordinator.

Write a brief summary of your academic, career, and personal goals and identify how participation in the National Student Exchange Program will contribute to those objectives.

Student's Signature _____

Date: _____



Reference

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Applicant's Name _____

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I, _____, waive my right to access this evaluation.

Signature _____

Date _____

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Students are selected for this program on the basis of their seriousness of purpose, adaptability to change, willingness to share their experience, and responsibility expressed toward their commitment. Would you cite reference to those qualities which qualify him/her for acceptance into this program? (Please refer to academic ability and career goals, character and personality, and emotional maturity and responsibility exhibited toward others and self.

Name (please print)

Position or Title

Phone

E-mail Address

Signature

Date



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