



# Application For Exchange

Deadline for Priority Placement: Feb 1  
Application Deadline: March 1

Date Application Submitted: \_\_\_\_\_  
Nonrefundable Application Fee Received: \$150  
The application is not considered complete until the fee has been paid.

Prior to completing this application, read:

- NSE eligibility requirements, policies, and procedures (*NSE Student Guide*)

RETURN THIS FORM TO:

Julie Good, Manager of Education Abroad  
International Services and Programs  
Cleveland State University  
2121 Euclid Ave. MC 412  
Cleveland, OH 44115

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 \_\_\_\_\_

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Tuition Payment Plan

Plan A=You pay in-state/resident tuition/fees to your host campus.

Plan B=You pay your normal tuition/fees to your home campus.

- \_\_\_A only \_\_\_B only \_\_\_A or B (prefer \_\_\_)  
 \_\_\_A only \_\_\_B only \_\_\_A or B (prefer \_\_\_)  
 \_\_\_A only \_\_\_B only \_\_\_A or B (prefer \_\_\_)  
 \_\_\_A only \_\_\_B only \_\_\_A or B (prefer \_\_\_)  
 \_\_\_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.

advisor	department/office	phone	e-mail

faculty/staff	department/office	phone	e-mail

name	relationship to applicant	phone	e-mail

### 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 give permission for the information contained in my application to be submitted on NSE's restricted, Web-based placement site for the use of the home and host campuses and the NSE Central Office in placement and record-keeping processes.
- 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 10-18).
- 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.
- 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 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 \_\_\_\_\_



## Program of Study Statement

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Applicant's Name \_\_\_\_\_

Please answer the following questions 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.

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### **TO BE COMPLETED BY THE APPLICANT:**

What are your academic expectations while on exchange and how will they contribute to your degree program? Do you expect to take courses in your major or are you more interested in non-major courses. What courses are you considering taking?

How will going on exchange contribute to your personal development? What do you hope to accomplish on exchange that you could not do at your home campus?

Why have you selected the campuses you have listed as possible exchange sites?

**RETURN THIS FORM TO: Julie Good, International Services and Programs MC 412**

**-left intentionally blank-**



## Recommendation Letter

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### 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 \_\_\_\_\_

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### TO THE EVALUATOR:

The National Student Exchange (NSE) provides students with the opportunity to attend another university within the United States, its territories, and Canada for up to one year. Students participate in NSE to take advantage of the unique geographic, cultural, and academic characteristics of the institution and region.

In making decisions on the appropriateness of a student's participation in the exchange, we need to know about their motivation, adaptability, academic skills, and those personal qualities that will give students the ability to benefit fully from the exchange experience. While we will appreciate any observations that will assist us in evaluating the present applicant, of special interest are qualities such as competence, independence, assertiveness, resourcefulness, quality of performance, confidence, social skills, open-mindedness, and integrity.

Please indicate the basis and extent of your acquaintance with the applicant. Placing your remarks in a comparative perspective will further assist the NSE office in reaching a decision about the applicant.

In summation, please state frankly your opinion of this applicant's chances for academic and non-academic success in an exchange program, weighing both strong and weak points.

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1. How well do you know the applicant? (Check the most appropriate response.)

- Extensive contact in a variety of settings
- Well acquainted in classroom or campus environment
- Limited contact in classroom or campus environment
- Other \_\_\_\_\_

2. In comparison with other students whom you have known at comparable stages of their education, please rate the applicant in these areas. (Circle the most appropriate response.)

	Excellent	Very Good	Average	Below Average	Unable to Judge
Academic Ability	4	3	2	1	X
Maturity	4	3	2	1	X
Cooperation and Adaptability	4	3	2	1	X
Initiative and Motivation	4	3	2	1	X
Social Skills	4	3	2	1	X
Open-mindedness	4	3	2	1	X
Integrity	4	3	2	1	X
Independence	4	3	2	1	X
Resourcefulness	4	3	2	1	X
Self-Confidence	4	3	2	1	X

3. Exchange to another campus would be appropriate for the applicant: \_\_\_ Yes \_\_\_ No

4. REMARKS

Based on your knowledge of the applicant, please comment on his/her chances for success and what would be gained from an exchange experience.

Faculty/Staff     Parent     Other: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO: Julie Good, 2121 Euclid Ave. MC 412  
International Services and Programs, Cleveland State, Cleveland, OH 44115**





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Name (please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
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\_\_\_\_\_  
Name (please print)

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Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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