



Application For Exchange

Deadline for Priority Placement: February 15

Application Deadline: February 15

Application Fee: \$300

Date Application Submitted: _____

Nonrefundable Application Fee 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 9 - 16 of the *NSE Directory*)
- Campus NSE policies and procedures

RETURN THIS APPLICATION WITH SUPPORTING MATERIALS TO:

Bethany Parker-Goeke

Coordinator, Student Study Abroad & Exchange Programs

International Education, Sisson Hall

goekeba@potsgdam.edu

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 **P** _____

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

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.

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: _____

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 9-16)
- 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 _____