

# **Application For Exchange**

**Application Deadline: February 5, 2017** 

Prior to completing this application, read:

- NSE eligibility requirements, policies, and procedures in the Student Guide
- Campus NSE policies and procedures

**Return this form to:** International Education Office

Buffalo State, SW 430 1300 Elmwood Ave Buffalo, NY 14222

or by e-mail to: <a href="mailto:HERRITTL@BUFFALOSTATE.EDU">HERRITTL@BUFFALOSTATE.EDU</a>

CONTACT INFORMATION:			
Name: First	Middle	Last	
Current Address: Street/Residence Hall and Room, Ci	ity, State/Province, Zi	p/Postal Code:	
Permanent Address:			
Street, City, State/Province, Zip/Pos	tal Code:		
Cell Phone:	Peri	manent Phone:	
E-mail:	Ban	ner ID:	

# **DEMOGRAPHIC INFORMATION:**

Date of Birth	(MM/DD/YYYY)	: Gend	er:	Are you cur campus how	rrently living in on- using?
		Fe	ale emale her	Yes	No
Are you a res	ident of New Yo	ork? Co	ountry of Citizens	hip:	
Yes	No		USA Canada Other:		
Residency:					
	ent alien — If no manent resider		n, visa type		
Primary reason	on(s) for exchar	ige - check all a	applicable:		
evaluate g live in a di personal g participate enter host exchange language s look for fut	in host campus campus honors as a resident a	s international p s program ssistant			
SCHOLASTI	C AND OTHER	INFORMATIO	N:		
Freshman Sophomor Junior Senior		Cumulative GF	PA: Majo	r:	Minor:
Will you need	courses in you	r major while o	n exchange?		
Yes	No				

Are you re	questing financial aid	d for your exchange	?		
Yes	No				
Are you cu	rrently receiving fina	ıncial aid?			
Yes	No				
Amount of	TAP you receive per	r semester:			
HOUSING	:				
Where do	you plan to reside at	the exchange school	ol?		
Resider	nce Hall				
Sorority	/Fraternity				
Off-cam	npus				
Prefer r	esidence hall but wil	lling to live off-camp	us		
Drofor o	. ##	a ka   a   .a waa  a awaa			
Fielei	off-campus but willing	g to live in residence	nali		
OTHER:	on-campus but willing	g to live in residence	nali		
OTHER:	rrently enrolled in th		nall Marital Sta	atus:	
OTHER:				atus: Married	
OTHER: Are you cu Yes	rrently enrolled in th	e honors program?	Marital Sta		
OTHER: Are you cu Yes	rrently enrolled in the	e honors program? «change by:	Marital Sta Single		ident?
OTHER: Are you cu Yes Will you be	rrently enrolled in the No accompanied on ex	e honors program? «change by:	Marital Sta Single	Married	ident?
OTHER: Are you cu Yes Will you be	rrently enrolled in the No accompanied on ex Children:	e honors program? cchange by: Do you wis	Marital Sta Single sh to go on excha	Married	ıdent?
OTHER: Are you cu Yes Will you be Spouse: Yes No	rrently enrolled in the No accompanied on ex Children: Yes	e honors program? kchange by: Do you wis Yes	Marital Sta Single sh to go on excha No	Married	
OTHER: Are you cu Yes Will you be Spouse: Yes No If yes, nam	rrently enrolled in the No accompanied on ex Children: Yes No	e honors program? kchange by: Do you wis Yes	Marital Sta Single sh to go on excha No	Married nge with another stu	
OTHER: Are you curves Will you be Spouse: Yes No If yes, name	rrently enrolled in the No e accompanied on ex Children: Yes No ne of the student(s):	e honors program? cchange by: Do you wis Yes Name o	Marital Sta Single sh to go on excha No	Married nge with another stu	
OTHER: Are you cur Yes Will you be Spouse: Yes No If yes, name EXCHANG	rrently enrolled in the No  accompanied on ex Children: Yes No ne of the student(s):	e honors program? cchange by: Do you wis Yes Name o	Marital Sta Single sh to go on excha No f campus at which	Married nge with another stu	

List in priority order the instit	utions you wish to	attend and the tuition p	ayment plan(s) you could use.
Name of Institution:	Tuition Payment Plan:		
	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 BACKGRO	UND:		
Number of credits completed	d to date:	Number of credits enro	olled in current term:
Expected graduation date:	-	incomplete grades, mis failure to complete requ?	
	No		
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 CON	SIDERATIO	NS:		
Have you eve	er been conv	victed of a felony?		
Yes	No			
Are you on pr outside camp	•	ole, or have any legal j	udgments pending agai	nst you either inside or
Yes	No			
Are you curre student condu	•	ny campus disciplinary	action for violation of co	odes of academic or
Yes	No			
Do you have	any outstan	ding indebtedness to th	e campus?	
Yes	No			
LANGUAGE	PROFICIEN	ICY:		
What is your	native langu	age?		
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:**

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

Phone:

least one faculty/staff member, and one other person who will recommend you for exchange. Department/Office: Phone: E-mail: Advisor: Faculty/Staff: Department/Office: Phone: E-mail: Relationship to Applicant: E-mail: Name: Phone: **EMERGENCY CONTACT:** Name: Relationship: Street:

E-mail:

List the individuals who are writing references for you. Submit reference forms to your advisor, at

#### **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:

## 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	e, and true to the best of my knowledge. I
acknowledge that I am signing freely, voluntarily	y, and under no compulsion.

Signature:	Date: