



# Application for Exchange

Application Deadline: **February 1 by 5 p.m.**

## Office Use Only

DATES RECD: App \_\_\_\_\_ App Fee \_\_\_\_\_

Program of Study \_\_\_\_\_ Ref #1 \_\_\_\_\_ Ref #2 \_\_\_\_\_

(The application is not complete – and no placement request will be submitted – until the fee has been paid. Should you not be placed, be placed and decline your placement, accept your placement and later withdraw or become ineligible, no refund will be given.)

CIP (Classification of Instructional Programs) Code: \_\_\_\_\_

Credential Level: \_\_\_\_\_ Program Length: \_\_\_\_\_

Prior to completing this application:

- Review [wichita.edu/seal](http://wichita.edu/seal) and “How it Works” on [nse.org](http://nse.org)

## **Return This Form To:**

**Abbi Whisler, [abbi.whisler@wichita.edu](mailto:abbi.whisler@wichita.edu)**

**NSE Coordinator**

**Student Engagement, Advocacy & Leadership**

**Wichita State University**

**Rhatigan Student Center, room 216**

**Wichita, KS 67260-0102**

**Fields surrounded by red are required.**

## **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 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Campus E-mail \_\_\_\_\_

Preferred/Personal E-mail \_\_\_\_\_

myWSU ID \_\_\_\_\_

High School \_\_\_\_\_

High School Graduation Year \_\_\_\_\_

Any Previous College \_\_\_\_\_

## **Demographic Information**

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender:  Female  Male  Other

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

Ethnicity (Optional): If you wish to be identified with a particular ethnic group, please select the choice that most accurately describes your heritage. No information you provide will be used in a discriminatory manner.

Are you of Hispanic or Latino descent?  Yes  No

Please check one or more of the following groups if any describe you.

- American Indian or Alaska Native                       Asian                       Black or African American
- Native Hawaiian or Other Pacific Islander               White                       Two or more races, not Hispanic or Latino                       Other

Primary reason(s) for exchange – check all applicable

- access different courses/faculty     enter host campus honors program
- evaluate graduate schools     exchange as a resident assistant
- live in a different area     language study
- personal growth     look for future employment
- participate in host campus international program                       other: \_\_\_\_\_

**Scholastic and Other Information**

Current Class Level:  Fr  So  Jr  Sr

Class Level While on Exchange:  So  Jr  Sr

Cumulative grade point average: \_\_\_\_\_ (4.0 scale)

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Will you need courses in your major while on exchange?  Yes  No

Are you currently receiving financial aid?  Yes  No

Are you currently receiving VA educational benefits?  Yes  No

Are you currently enrolled in the honors program?  Yes  No

In what languages are you fluent (check all applicable)?  English  French  Spanish  Other \_\_\_\_\_

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

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):  No  Yes: student's name \_\_\_\_\_

Name of campus at which the student is enrolled: \_\_\_\_\_

**Exchange Requests**

Period of requested exchange:  Fall Semester 22\_\_\_\_  Spring Semester 23\_\_\_\_

(Mark all that apply)

List by preference the institutions you wish to attend:

Name of Institution	Semester/Quarter	My major offered	Need campus housing
1. _____	___ S ___ Q	___ Yes ___ No	___ Yes ___ No
2. _____	___ S ___ Q	___ Yes ___ No	___ Yes ___ No
3. _____	___ S ___ Q	___ Yes ___ No	___ Yes ___ No
4. _____	___ S ___ Q	___ Yes ___ No	___ Yes ___ No
5. _____	___ S ___ Q	___ Yes ___ No	___ Yes ___ No

**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. Written documentation is usually due to the host campus two to three months prior to enrollment.

## 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?

No  Yes If yes, please explain: \_\_\_\_\_

Are you currently under any campus disciplinary action for violation of codes of academic or student conduct?

No  Yes If yes, please explain: \_\_\_\_\_

Do you have any outstanding indebtedness to the campus (tuition, fees, room, meals, library or parking fines)?

No  Yes If yes, please explain: \_\_\_\_\_

## 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 a French-speaking university in Canada, 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 and one other person who will recommend you for exchange.

Advisor	Department/Office	Phone	E-mail
Name	Relation/Department/Office	Phone	E-mail

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_

City, State/Province, and Zip/Postal Code \_\_\_\_\_

Land-line Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell 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 (FERPA) 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, I do not have any outstanding indebtedness to the campus, 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 NSE Central Office and to the NSE host institution at which I am placed.

\*Signature \_\_\_\_\_

\*Date \_\_\_\_\_

## Supporting Materials or Other Requirements

### APPLICATION FEE:

Please submit a check, for the non-refundable application fee in the amount of \$200 to the Cohen Honors College, Shocker Hall building A. **Make checks payable to WSU-NSE.**

### PROGRAM OF STUDY STATEMENT:

This form must be completed. Please list your reasons for exchange, both academic and personal.

### REFERENCE FORM:

Two reference forms must be completed. One of the forms **MUST** be completed by your academic advisor.

### PERSONAL INTERVIEW:

Interviews are conducted the beginning of February. Abbi Whisler will contact you to schedule your interview.

## Signature

I have read and fully understand:

- "How it Works" at [nse.org](http://nse.org)
- 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 maintain a cumulative 2.5 GPA as well as have a 2.5 GPA in the term prior to my exchange 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.
- 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.
- My exchange is not completed until I submit to my home campus a transcript of my host campus work.
- The NSE coordinator may use my name and placement information (once placed) on behalf of NSE promotional efforts. 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 \_\_\_\_\_

\*At the time of your interview, you will be required to sign and date this form.

Email completed form to [abbi.whisler@wichita.edu](mailto:abbi.whisler@wichita.edu) or drop off at the Rhatigan Student Center, room 216.