Prior to completing this application please read the NSE Directory of Exchange Opportunities p. 3-19.

RETURN THIS FORM TO:

Academic Resource Center
Taylor Hall 302 D
Western State Colorado University
Gunnison, CO 81231
Phone: (970) 943-3216
Fax: (970) 943-3409

Please type or print very clearly.

CONTACT INFORMATION

Name: First ___________________________________ Middle ___________________ Last ____________________________
Student ID #: _________________________________________
Current Address:
Street/Residence Hall and Room ________________________________________________________________
City, State/Province, and Zip Code _______________________________________
Permanent Address:
Street ____________________________________________________________
City, State/Province, and Zip Code _______________________________________
Current Phone: _______/___________________________ Permanent Phone: _______/___________________________
Alternate Phone/Cell Phone: _______/___________________________
E-mail: ___________________________________________ Alternate E-mail: ________________________________

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

Class Level During Exchange Term:  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 student(s)  ______________________________________________________________
Name of campus at which the student is enrolled: _________________

EXCHANGE REQUESTS (Please make sure to note if your 1st choice is a quarter/semester school)

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.  (Out of state
                                   students must pay WSC on plan B)
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: ________________  First Semester at WSC:  Fall 20____  Spring 20____  Sum 20____
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., note takers, 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 (p. 6 of this application) to one faculty/staff member and one other person (preferably a parent) who will recommend you for exchange.

faculty/staff department/office phone e-mail

other/parent 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 x 2
- program of study statement
- language proficiency report (if applicable)
- interview (if applicable)

SIGNATURE
I have read and fully understand:
- information on eligibility, policy, and procedures presented in the NSE Directory (pages 6-13)
- 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 ______________________________
Write a concise statement of your proposed program of study and how it will be related to your present academic program. Also, describe the personal benefits you expect to receive from the program and why you have chosen particular schools. Answer the questions on this sheet; add an additional page if necessary. Submit this statement to your academic advisor or department chair for approval and signature. Return this form with your completed application.

_________________________________________
Academic Advisor or Department Chair Signature

_____________________________________
Advisor/Dept. Chair Name (print)

Student signature ____________________________

Date _________________________

1. Describe how your program of study while on exchange will relate to your present academic program here at Western.

2. What are your personal goals and reasons for participating in the National Student Exchange and how will an exchange contribute to your personal development?

3. Why have you selected the campuses you listed as possible exchange sites?
WESTERN STATE COLORADO UNIVERSITY

NSE Reference Form

Applicant's Name__________________________________________

Applicant’s Signature________________________________________

The National Student Exchange provides students with the opportunity to attend another university within the United States and its territories. While on exchange students may take advantage of the unique academic, geographic and cultural characteristics of the institution and its region.

In making decisions on the appropriateness of 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 appreciate any observations that will assist us in evaluating the present applicant, qualities such as competence, independence, assertiveness, resourcefulness, quality of performance, confidence, social skills, open mindedness and integrity are of the most use to us.

Please indicate the basis and extent of your acquaintance with the applicant. Placing your remarks in a comparative perspective will further assist us in reaching a decision. 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. This is not a confidential reference form, so candidates may have access to your comments.

Thank you for your time and consideration on behalf of this applicant.

Evaluator's name (print) ______________________________ Title ______________________________

Phone ______________________________ Signature ______________________________

E-Mail ______________________________

Please return this form by March 1st to:

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