

Please print and fill out and fill out this form.



Application for Exchange

Deadline for Priority Placement:Application Deadline:
Date Application Submitted: Nonrefundable Application Fee Received:
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 you placement, accept your placement and later withdraw or become ineligible, no refund will be given.

Prior to completing this application, read:

- Pages 11-24 of the NSE Student Guide: Exchange Policies and Procedures or the section on Policies and Procedures at nse.org, Students
- Campus policies and procedures for NSE

Return This Form To:

Matthew Lahm NJCU NSE Coordinator Office of Undergraduate Admissions Vodra 143-C NSE@njcu.edu

Contact Information			
Name: First	Middle	Last	
Current Address:			
Street/Residence Hall and Roo	m		
City, State/Province, and Zip/P	Postal Code		
Permanent Address:			
Street			
Current Phone/	extension	Permanent Phone	/
Alternate/Cell Phone/			
E-mail	Alteri	nate 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? \square Yes \square 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 ☐ 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 In what languages are your fluent (check all applicable)? English French Spanish Other Cumulative grade point average: (4.0 scale) _____ Minor: __ Major: Will you need courses in your major while on exchange? ☐ Yes ☐ No Are you currently receiving financial aid? ☐ Yes ☐ No Are you requesting financial aid (Plan A) from the host campus? Yes No Are you receiving VA educational benefits? ☐ 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. NOTE: Costs for room and meals are paid to your host campus regardless of which tuition payment plan you select. (Use an additional sheet if more than five institutions are requested.) Name of Institution **Tuition Payment Plan** Plan A=You pay resident (in-state/in-province) 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 Back	ground		
Number of credits comple	eted to date: Number of cred	ts enrolled in current term:	
Expected graduation date	:		
Do you have any incomple	ete grades, missing grades, or other deficie	encies (e.g. failure to complet	te required
proficiency tests)?			
	lain:		
Activities, positions, hono	rs while in college:		
Special Needs or	Circumstances		
documented disability wh require immediate attent you are encouraged to ide	dition for which accessible, on-campus howich may require academic accommodation during exchange; or a condition which entify your needs by attaching a separate parter being made for you on this cample.	n (e.g., notetakers, taped text might affect emotional or mo page indicating the nature an	ts); a medical condition which might ental well-being during exchange, d extent of your circumstances and
order to assist you in iden placement, it is your respondent submit written, curr	e on the basis of special needs. Rather, you tifying a placement site which can provide onsibility to consult the host campus coordent, and professionally documented information campus two to three months prior to enro	reasonable accommodation linator and ADA officer to de nation as required by your h	of your needs. Following termine the deadlines by which you
Other Considerat	ions		
Have you ever been convi	cted of a felony? 🗖 Yes 📮 No		
	role, or have any legal judgments pending fives, please explain:	against you either inside or o	outside campus?
	ny campus disciplinary action for violation	of codes of academic or stud	dent conduct?
	f yes, please explain:		
	ling indebtedness to the campus (tuition, f	ees, room, meals, library or	parking fines)?
Language Proficie	ancv		
What is your native langu	age? 🗖 English 🗖 French 🗖 Spanish 🗖	l Other:	
French-speaking universit	o a campus in Puerto Rico, you must be cer y in Canada, you must be certified for prof nust demonstrate proficiency in English. La	iciency in French. If English is	s not your first language, for all
Recommendation	s/References		
	re writing references for you. Submit references will recommend you for exchange.	ence forms to your advisor, a	at least one faculty/staff member,
advisor	department/office	phone	e-mail
faculty/staff	department/office	phone	e-mail
name	relationship to applicant	phone	e-mail

Name ______ Relationship ______ Street _____ City, State/Province, and Zip/Postal Code ______ Land-line Phone ____ / ____ Cell Phone ____ / ____ E-mail ______

Release of Information

Emergency Contact

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 NSE Central Office and to the NSE host institution at which I am placed.

Signature	Date
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 pages 11-24 of the NSE Student Guide: Exchange Policies and Procedures or the section on Policies and Procedures at nse.org, Students
- 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.

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 _______

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