

APPLICATION FOR EXCHANGE
Bridgewater State College

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 ____/____/____ Permanent Phone ____/____/____

Alternate Phone/Cell Phone ____/____/____

E-mail _____ Alternate E-mail _____

DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): _____

Gender: Female Male

Country of Citizenship: _____

SCHOLASTIC AND OTHER INFORMATION

Undergraduate Student Graduate Student

Current Class Level: 1 2 3 4 Cumulative grade point average: _____

Major: _____ Minor: _____

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

EXCHANGE REQUESTS

Period of requested exchange: Fall Semester 20____ Spring Semester 20____ Academic Year 20____ - 20____

EDUCATIONAL BACKGROUND

Number of credits completed to date: _____ Number of credits in current term: _____

Expected graduation date: _____

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 We do not discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process is invited in order to assist us in providing reasonable accommodation of your needs. It is then your responsibility to consult our campus coordinator and ADA officer to determine the deadlines by which you must submit written, current, and professionally documented information as required.

OTHER CONSIDERATIONS

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:

RECOMMENDATIONS/REFERENCES

Please submit a letter of reference from you advisor or appropriate faculty or staff member.

EMERGENCY CONTACT

Name: _____ Relationship: _____

Street: _____

City, State/Providence, Zip 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 and 2) facilitate my exchange after it is arranged. I hereby grant permission to the BSC 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 BSC 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 application process to my home campus coordinator, designee, and those individuals/committees responsible for reviewing and approving my application for exchange participation.

Signature _____ Date _____

CHECKLIST

- Application
- Official transcript
- Recommendation letter
- Visa information form
- Medical health record form/ immunization form

SIGNATURE

I have read and fully understand:

- campus policies and procedures on the Bridgewater State College Website www.bridgew.edu

I further understand that I shall be responsible for my own expenses including accommodation costs, food, travel expenses, including SEVIS and VISA fees and for the cost of health/**medical insurance purchased through BSC.**

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

Signature of home campus exchange coordinator

Date