

Columbus State University

Exchange Application

Please provide the following items:

- Complete, signed application
- Copy of valid passport
- List of classes or modules requested
- CSU certification and transcript release
- Student statement
- Faculty recommendation form
- Current transcript
- TOEFL score or letter of English language proficiency (if home university is not English-speaking)
- Approval Form
- Certificate of immunizations (can be provided prior to class attendance)

(Please print clearly)

Home Institution _____

Surname _____ First _____ Middle _____

Current Mailing Address:

Permanent Home Address (if different from mailing address):

E-mail Address: _____

Telephone Numbers: (Current) _____ (Permanent) _____

(Cell or Mobile) _____

Date of Birth: _____ (month) _____ (day) _____ (year)

Sex: M / F

Passport Information:

I am applying for a passport _____ Country of citizenship _____

I have a passport _____ Passport number _____ Expiration date _____

Intended Area of Study at Columbus State

Major at Home Institution:

No. of Years Completed: _____

Semesters you wish to start at CSU:

Fall (August – December) _____ (year)

Spring (January - May) _____ (year)

Number of semesters attending (check): One _____ Two _____

Do you have any special requests regarding your accommodations: _____

Ethnic Origin:

- White
- Asian
- Black/African American
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander

STUDENT STATEMENT FORM

Student's Name: _____

Please write a one- to two-page statement describing why you would like to participate in the exchange program and what benefits you would expect to gain from your experience.

(continue on the back of this sheet if necessary)

FACULTY RECOMMENDATION FORM

A) *To be completed by the student applicant:*

Name of applicant: _____

Name of person providing reference: _____

I, _____, waive my right to access (as afforded by U.S. federal law) to the information provided on this form:

_____ Agree (Reference is confidential and not open to applicant's inspection.)

_____ Disagree (Student retains the right to inspect the recommendation.)

B) *To be completed by the faculty member providing the reference:*

The above-named applicant is applying for a study abroad program with Columbus State University. The program coordinators are concerned with the applicant's academic and personal suitability for study abroad.

Please type or print clearly. Return this reference form to your campus' study abroad coordinator.

1) How long and in what capacity have you known the applicant?

2) Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below average	Average	Above average	Inadequate opportunity to observe
Knowledge in area of specialization				
Motivation and seriousness of purpose				
Ability to plan and carry out research/independent study				
Ability to express thoughts in speech and writing				
Emotional stability and maturity				
Self-reliance and independence				

(FACULTY REFERENCE FORM CONTINUED)

3) Please comment specifically about the applicant in terms of the following: (a) academic suitability for study at an institution abroad; (b) personal suitability for living abroad; (c) how participation in the exchange program will be of benefit, both academically and personally; (d) weaknesses; and (e) any other factors which you believe may affect a successful experience in the exchange program. You may attach a typed document if preferred.

After reading the student's application I (select one):

- Strongly endorse the applicant
- Endorse the applicant
- Do not endorse the applicant

(Recommender's Signature)

(Date)

(Recommender's Name typed or printed clearly)

Position/Title _____

E-mail address: _____ Office phone (_____) _____

COLUMBUS STATE UNIVERSITY CERTIFICATION
AND TRANSCRIPT RELEASE APPROVAL

I agree to abide by Columbus State University regulations.

I understand that any material false statement made knowingly and wilfully by me on this application, or any document attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any false statement may subject me to immediate dismissal from the university.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

I authorize the exchange coordinator at Columbus State University to send my official transcripts/records to my home institution if requested.

(Student's Signature)

(Date)

(Student's Name Printed)

Approval Form

Home Institution

We confirm that this proposed program of study is approved and the student has permission to participate in the exchange program as a transient or temporary student.

Adviser's signature: _____ Date ___(day)___(month)___(year)

Coordinator's signature: _____ Date ___(day)___(month)___(year)

Columbus State Department approval

I have reviewed the Class Module request and confirm that this student is approved to enrol in the courses requested.

Conditions for approval:

Department signature: _____ Date ___(day)___(month)___(year)

Columbus State University

We confirm that this student has met university qualifications and they are approved to participate.

CIE Representative's signature: _____ Date ___(day)___(month)___(year)