



Application For Exchange

University of Memphis

Application Deadline: February 28, 2020

Include in application packet:

- Unofficial Transcript _____
- Nonrefundable Application Fee \$190
(Application fee must be paid at the Bursar's office.) Be sure to obtain a receipt and attach a copy to this applicaiton

Prior to completing this application, read:

- NSE eligibility requirements, policies, and procedures (in the *NSE Directory*--found in the *NSE office* or *NSE homepage*)

RETURN THIS FORM TO:

Dr. Melinda Jones (mljones6@memphis.edu) or Jonathan Holland (jhlldand2@memphis.edu)
Helen Hardin Honors College
105 Honors Hall
University of Memphis

Please type or print very clearly.

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 _____/_____ extension _____ Permanent Phone _____/_____

Cell Phone _____/_____

U of Memphis E-mail _____

UUID

Number _____

DEMOGRAPHIC INFORMATION

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

Gender: Female Male

Are you currently living in on-campus housing? Yes No

Are you currently paying out-of-state tuition fees? Yes No

(Note: Out-of-state students must exchange on Plan A to avoid paying out-of-state tuition at the University of Memphis.)

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

Current Class Level: Fr So Jr Sr Cumulative grade point average: _____
 Number of credits completed to date: _____ Number of credits enrolled in current term: _____
 Expected graduation date: _____

Major: _____ Minor: _____

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

Are you currently receiving financial aid? Yes No

List all forms and amounts of financial aid that you now receive, including total dollar amounts of scholarships.

Where do you plan to reside at the exchange school? Residence Hall Off-campus

Are you currently enrolled in the honors program? 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____

List in priority order the institutions you wish to attend and the tuition payment plan(s) you could use.

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.

- | | |
|----------|--|
| 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 ___) |
| 6. _____ | ___A only ___B only ___A or B (prefer ___) |

HOUSING ARRANGEMENTS

Indicate preferred housing arrangements below. Be sure to note that some schools REQUIRE or strongly recommend that you live on campus. For each choice, please indicate to which institutions your choice applies. For example, if you wish to live in a residence hall at one school, but off-campus at another, note the specific institutions in the space provided.

1. Residence Hall Room

Applicable to which institution(s) _____

2. Off-Campus

Applicable to which institution(s) _____

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.

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 a campus in Canada, please note that Canada has two official languages: English and French. The language of instruction at the Universite de Montreal, the Universite de Sherbrooke, and the Universite du Quebec a' Montreal is French. Prior to placement, 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.

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 _____

SIGNATURE

I have read and fully understand:

- information on eligibility, policy, and procedures presented in the NSE Directory (found in the NSE office & the NSE homepage.)

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 (***including maintaining a 2.5 cumulative GPA***) 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.
- The University of Memphis and my host institution will require completion of specific steps prior to exchange, and I agree to complete these requirements in a timely and responsible manner or forfeit my privilege to exchange. This includes completing a *Transfer Credit Request Form* prior to exchange.

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 _____