



Exchange Program Application for Admission

ITHACA

Thank you for applying for an Ithaca College Exchange Program. Check with the Office of International Programs (OIP) for exact application deadlines. Approximate deadlines are late September for spring programs and late February for fall.

Be sure to keep photocopies of each completed section of this application for your own records.

- Personal Information and Statement** – submit to OIP
- \$50 application fee** – submit to OIP
- Transcripts from each college you have attended** – submit to OIP
- Student Release Form** – submit to OIP
- Academic Plan** – submit to OIP
- Dean's Evaluation** – submit to your Dean along with copies of Sections I, II, and IV
- Academic Recommendation** – submit to a professor or academic advisor
- Student Conduct Certification** – submit to Judicial Affairs
- Parental Consent Form** – submit to OIP
- Medical Release and Emergency Decision Authorization** – submit to OIP

Ithaca College
Office of International Programs (OIP)
 CHS 214-2
 Ithaca, NY 14850
 Tel: 607-274-3306
 Fax: 607-274-1515
 Email: intlprog@ithaca.edu
 Website: <http://www.ithaca.edu/oip>

EXCHANGE PROGRAM TO WHICH YOU ARE APPLYING: List name of university. You may also list alternate choice exchange programs in case your primary choice is not available) _____

COUNTRY: _____

Section I: Personal Information

NOTE: In addition to this application, you will need to fill out a form for the University to which you are applying. Please contact the Office of International Programs to acquire the form and then submit it together with this paperwork.

Name: _____ **ID#:** _____

DOB: ____/____/____ **Citizenship:** _____ **Gender:** Male Female
month day year

Class standing while abroad: Sophomore Junior Senior **Applying For:** Fall Spring Year: _____

Major: _____ **Minor:** _____

Campus/Local Address: _____
Residence Hall or Street

City State Zip **Local or Cell Telephone:**(____) _____

Primary E-mail: _____ **Alternate e-mail:** _____

Date until which campus address will be active: _____

Current College/University: _____

Other institutions attended (include dates): _____

Home Address: _____
Street

City State Zip Country **Phone:** _____

Father's (or guardian's) Name: _____ Home Phone:(_____) _____

Address (if different): _____ Street _____ Business Phone:(_____) _____

City _____ State _____ Zip _____ Country _____

Mother's (or guardian's) Name: _____ Home Phone: (_____) _____

Address (if different): _____ Street _____ Business Phone:(_____) _____

City _____ State _____ Zip _____ Country _____

OPTIONAL: Please check all that apply (*this information is gathered for statistical purposes only*).

- African-American, African, Black Hispanic-American, Latino, Chicano Native Hawaiian, Pacific Islander Multiracial
 Asian-American, Asian, Indian Native American, Alaska Native White/Caucasian Other: _____

Voluntary Statement:

In the interest of your safety and welfare while overseas on an Ithaca College study abroad program, please indicate any special needs (allergies, health conditions, medications, etc.) of which we should be aware.

Transcript Request

Please request a transcript to be forwarded to the Ithaca College OIP from each college or university you have attended.

NOTE: Ithaca College students may submit an unofficial transcript for work completed at IC.

Checklist

I have enclosed the following:

- Application fee:** payable to Ithaca College
 Section I: Personal Information
 Section II: Academic Plan
 Section IV: Personal Statement
 Section V: Student Release
 Section VIII: Parental Consent Form
 Section IX: Medical Release and Insurance Information

I have arranged for the following to be sent to OIP:

- Section III:** Dean's Evaluation
 Section VI: Academic Recommendation
 Section VII: Student Conduct Certification
 Transcripts

Certification

I certify that the information on this application is accurate and complete.

Signature: _____ Date: _____

Please send or deliver your application materials to the Office of International Programs.

Upon acceptance you will be required to submit a nonrefundable \$500 deposit, which will be fully credited toward tuition for the specified semester(s).

Please tell us how you FIRST learned about Ithaca College's Exchange Programs.

- Study Abroad Advisor/Office Academic Advisor Poster Brochure Friend
 Former Participant Web browsing Other (please explain): _____

Section II: Academic Plan

Due date: _____

(To be filled in by applicant.)

Student Name: _____ **ID #:** _____ **Program:** _____

A full academic schedule on an international exchange program will vary, depending upon the educational structure of the host university. Typically, a full-time course load will consist of a minimum of three to four courses. Part time status is not offered. List below (in order of preference) the courses you wish to take on your exchange program. This is just a preliminary listing of course choices. Formal registration for courses on exchange programs will happen, in most cases, after you have arrived at the host university abroad.

Course Number	Title

Alternate Course Selection (Select four alternate courses to be taken in case any of your first choices are unavailable.)

Course Number	Title

Adviser's Approval:

Cumulative Grade Point Average _____ on a scale of _____

Total Credits Earned to Date _____ /semester/quarter/other

Total Credits Enrolled for Current Term _____ /semester/quarter/other

Total Number of Credits to be Taken abroad _____ credits

Credits remaining for Graduation after Exchange _____ credits

I have carefully reviewed my advisee's application and recommend the above course of study.

Adviser's signature: _____

Date: _____

Adviser's printed name: _____

Title: _____

Name of Institution: _____

Office phone #: _____

E-mail: _____

Section III: Dean's Evaluation

Due date: _____

(To be filled in by applicant.)

Applicant: Please complete the information below and give sections I – IV to your academic dean for review.

I, _____, am applying for admission on an Ithaca College Exchange Program for:

Fall _____ Spring _____. I will be studying at _____ in _____.
year year University country

In compliance with the Family Educational Rights and Privacy Act of 1974, as amended:

- This evaluation will remain confidential, and I waive my right to view it.
- This evaluation will not remain confidential, and I do not waive my right to view it.

Signature _____ ID#: _____ Date: _____

Dean: Please complete this form and send it to the address below. Use the back of the sheet or an additional sheet if necessary.

1. Is the student in good academic standing? Yes No
If no, please explain.

2. Have you any reservations about this student's readiness for study abroad? Yes No
If yes, please explain.

3. To your knowledge, does the student have all the appropriate approvals from your institution to study abroad? Yes No
If no, please explain.

4. Will the credits earned by the student in this program be accepted toward his/her degree?
 Yes, provided the student passes each course with a grade of _____ or better.
 Yes, on the following condition:
 No

5. Additional comments:

6. I DO recommend the applicant for admission.
 I do NOT recommend the applicant for admission.

Signature: _____ Date: _____

Name (printed): _____

Title: _____ Telephone: _____

Department: _____ Institution: _____

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Section IV: Personal Statement

On a separate sheet of paper, please provide us with a one page essay that answers one of the following:

- 1) The success of an international study experience is a cooperative effort on the part of the College, the student and the host country. Describe your role as a student in creating a positive study abroad experience. In addition, describe at least one goal you hope to achieve while abroad in each of the following areas: academic, intercultural, and personal.
- 2) Write an essay on a topic of your choice that is pertinent to your study abroad plans.

Submit this statement with your completed application. Be sure to include your name and ID# on the page.

Section V: Student Release Form

The Office of International Programs has prepared this agreement in order to outline the risks and responsibilities associated with participation in a study abroad program. All study abroad students are required to attend an orientation session, which will provide information regarding safety and security and guidelines for traveling responsibly. Further orientation will take place when the student arrives in the host country. Lack of familiarity with a foreign culture, language and environment requires the use of caution and courtesy and reinforces the importance of complying with general guidelines provided by Ithaca College and the specific directives developed by the study abroad program. Although compliance cannot guarantee insulation from any and all possible unfavorable circumstances, it can help to increase the likelihood of a positive experience overseas. Program participants are required to exercise good judgment overseas, to expect the unexpected, and to behave prudently.

Participant: Please initial each of these statements after you have read and understood them.

- _____ 1. I acknowledge that Ithaca College does not require me, through my course of study, to participate in this study abroad program. My participation in this program is entirely voluntary. I understand that I may be subject to risks incidental to travel to/from the host country, residence in a foreign country and participation in program-sponsored activities.
- _____ 2. I am aware that there are risks associated with traveling from the "known" to the "unknown", and I agree to assume responsibility for my health, safety and property while participating in this program.
- _____ 3. I fully understand that Ithaca College, its governing board, officers, employees and agents are not responsible or liable for, including but not limited to:
 - a. Unforeseen events related to my participation in the program, delays in travel, unanticipated expense, accidents which may result in personal injury or loss of life, sickness, acts of God, acts of terrorism, labor strikes and governmental intervention.
 - b. Injury or loss as a result of my personal actions or decisions, travel or vacations.
 - c. Injury, damage, loss, accident or delay caused by negligence or default of this program.
- _____ 4. I understand that I am subject to the local laws of the country. If I choose to violate the country's laws, I acknowledge that I will be prosecuted according to the laws and legal procedures enforced by the local authorities.
- _____ 5. I am at least 18 years of age and fully competent to sign this agreement.

Assumption of the Risks Involved

Knowing the dangers, hazards, and risks of the previously stated activities, and in consideration of being permitted to participate in this study abroad program, I, on behalf of my family, heirs, and personal representative(s), voluntarily agree to assume all the risks and responsibilities surrounding my participation in this study abroad program. I agree to release and hold harmless Ithaca College, its governing board, officers, agents, employees, and any students acting as employees ("Releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the program or any adjunct to the program. I agree to save and hold harmless, indemnify, and defend "Releasees" from any claim by me or my family, arising out of my participation in this study abroad program.

In signing this Release, I acknowledge and represent that I have become fully informed of the content of this Release and Hold Harmless Agreement by reading it before signing it, and by signing this document as my own free act and deed confirm that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

Participant Signature: _____ **ID#:** _____

Participant Name (Please Print): _____ **Date:** _____

Section VII: Student Conduct Certification

Due date: _____

(To be filled in by applicant.)

Applicant: Please complete the information below and give this form to the institutional officer responsible for administering the student conduct code at your college or university. At Ithaca College, this is the Office of Judicial Affairs, located in the West Tower.

I, _____, am applying for admission on an Ithaca College Exchange Program for:

Fall _____ Spring _____. I will be studying at _____ in _____.
year year University country

I hereby authorize the appropriate officials at my college/university to release information regarding my conduct as an undergraduate and send it to the Director of International Programs at Ithaca College.

I further agree to abide by Ithaca College rules and regulations governing student conduct as published in the Ithaca College London Center Student Conduct Code.

Signature _____ ID#: _____ Date: _____

Judicial Officer: Please complete this form and send it to the address below.

1. Is the student in good judicial standing? Yes No

2. Has the student ever been censured for misconduct at your institution? Yes No

3. If yes, was the sanction more severe than a written warning? Yes No

4. If more severe, what was the nature of the infraction and the sanction imposed (in each instance)? Yes No

Signature: _____ **Date:** _____

Name (printed): _____

Title: _____ **Telephone:** _____

Department: _____ **Institution:** _____

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Student Name: _____ ID #: _____ Program: _____

Section VIII: Parental Consent Form

Due date: _____

(To be filled in by applicant.)

All students must have this form completed by their parent(s)/guardian(s) regardless of age, unless they have formally declared themselves financially independent with Ithaca College or their home school.

Parents: Please initial each of these statements after you have read and understood them. After the form is completed, return it to your child or mail it directly to the Office of International Programs, as listed below.

- ____ 1. I understand that my son/daughter will be responsible for making his/her own travel arrangements to the country in which the exchange program takes place.
- ____ 2. I understand that my son/daughter, with the assistance of the host university administration, will secure his or her own living accommodations.
- ____ 3. I understand that Ithaca College is not providing or charging for room and board for participants in the program. It is difficult to estimate an average semester's expenses for an Ithaca College International Exchange Program, since styles of living, personal needs, and travel plans vary widely.
- ____ 4. I give permission to my son/daughter to travel within or outside the country in which the exchange program is located during his/her time abroad.
- ____ 5. I understand that the College reserves the right to cancel or alter any or all of its programs and to alter its schedule of charges should unforeseen circumstances warrant such action.
- ____ 6. I understand that my son/daughter must enroll in a minimum of 12 and a maximum of 18 academic credits per semester. Part-time status is not permitted on an international exchange program.
- ____ 7. I agree to meet the schedule of payments in connection with this program as provided by the Ithaca College bursar's office. Normal billing procedures will be followed and regular tuition and fee rates will be charged.
- ____ 8. I understand that my son/daughter is subject to the Study Abroad Code of Conduct and that failure to abide by this code may result in disciplinary sanctions being imposed. Such sanctions may include removal from the exchange program.
- ____ 9. After acceptance into the program, students will be required to submit a nonrefundable \$500 advance deposit, which will be fully credited to their account for the specified semester overseas. This deposit must be paid in order to reserve a place in the program.
- ____ 10. I understand that studying abroad involves additional risk, and that my son/daughter is required to attend an orientation session outlining safety and security precautions.

I have read all materials provided about this International exchange program, as well as the information above, and give my son/daughter permission to participate in this exchange program.

Signature of Parent/Guardian: _____ **Date:** _____

Name of Parent/Guardian (please print): _____

Section IX: Medical Release and Emergency Decision Authorization Due date: _____
(To be filled in by applicant.)

Student Name: _____ ID #: _____ Program: _____

Emergency Medical Decision Authorization (to be completed by parent/guardian): In the event of an emergency, the Program will make every effort to reach the individuals designated below. However, in case of an extreme emergency, your signature on this authorization may assist in obtaining necessary medical care.

The individual(s) designated as my son/daughter's primary emergency contact is: (usually parent/guardian)

Name(s): _____

Address: _____
street city state zip country

Telephone Number 1: _____ Telephone Number 2: _____

Email: _____

Relationship to Student: _____

The individual(s) designated as my son/daughter's secondary emergency contact is:

Name(s): _____

Address: _____
street city state zip country

Telephone Number 1: _____ Telephone Number 2: _____

Email: _____

Relationship to Student: _____

To prevent dangerous delay in the event of an extreme medical emergency requiring hospitalization and/or surgery, I hereby authorize the director of this program or other authorized party to secure whatever treatment is deemed necessary, including the administration of an anesthetic and/or surgery.

Student Name: _____ ID#: _____

Parents or Guardians Signature: _____ Date: _____

Parents or guardians name (please type or print): _____

Please provide information regarding any known special needs, allergies, medication, or health conditions that may affect treatment in the case that medical care is required while abroad (attach additional page if necessary):

