

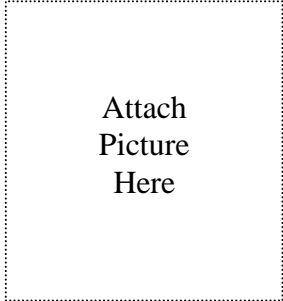
MISSOURI WESTERN STATE UNIVERSITY

EXCHANGE APPLICATION

[for NON-DEGREE (Visiting) STUDENT STATUS]

All applicants for this exchange must complete this form and attach all required materials before admission and visa requests can be processed.

EXCHANGE PROGRAM WITH: UNIVERSIDAD REGIONMONTANA



PART I: To be Completed by the Applicant (Please type or print clearly.)

1. **Name:** _____
Last (family or surname) first (given) middle or maiden

(As it appears on your passport)

2. Please write your **address** as it would appear on an envelope, using one line for each line of your address.

a. Present address: (valid until / /) month/day/year b. Permanent address: (mail will be sent here after date given at left)

Telephone (with area code): _____ **Telephone** (with area code): _____

e-mail address: _____ **e-mail address:** _____

3. **Sex:** male female 4. smoker nonsmoker (for housing arrangements)

5. a. **Citizenship:** _____ b. **Dual Citizenship:** Yes/No **Which Country?** _____
 If you marked "Yes", clearly indicate which passport you will be using to travel to your host country:

c. Are you a **Legal Permanent Resident** of a country? Yes /No
 If you marked "Yes", clearly indicate the country and whether you will be using your permanent resident Status. (Attach a copy of your Permanent Resident Card, if applicable.)
Country: _____ **Date Permanent Residency Received:** _____

6. **Date of birth:** / / month/day/year 7. **Place of birth:** _____
city state or country

8. Do you have **Dependents** who will accompany you: Yes/No **Number of Dependents** accompanying you: _____
 If you marked "Yes", clearly indicate who will be accompanying you in the spaces provided below*

List required information for each dependent who will accompany you during the exchange:

Name of Dependent(s) <small>(Last Name first)</small>	Birthdate <small>(month/day/year)</small>	Place of Birth	Relationship to You	Citizenship

9. **Person(s) to contact in case of emergency:**

Name(s): _____
Address: _____
Telephone (with area prefix): _____
Relationship to you: _____

10. **Education:** Highest degree completed or in progress at *Home* Institution: _____
Major field: _____ Minor field: _____
Completion date: ____/____
month/year

Other Universities Attended: (List all universities attended in chronological order*)

Name of University	Dates of Attendance	Transcripts Attached* Yes or No	Major	Degree(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* **Your application will be held until transcripts are received.**

11. Cumulative **Grade Point Average** (if applicable): _____

12. a. **Major field(s) of study** *during* exchange: _____
b. **General subjects** (and research projects, if any) that you wish to study during your period of placement. (Do not list specific course titles.) _____

13. **Academic Level:** Indicate your level for study for which you are requesting an exchange:
____ Freshman ____ Sophomore ____ Junior ____ Senior

14. Indicate the **duration** for which you are requesting an exchange (check one):
____ one semester ____ two semesters Beginning date requested: _____
month/year

15. Please describe any special needs or services you will require during your exchange (i.e. dietary considerations, learning aids, or facilities with handicapped access). _____

16. **Knowledge of English:** Applicants must provide the following in addition to the essay in #17:
a. **TOEFL** Test Score: _____ Date taken: _____ (score of 173 required on computerized test, 61 on Internet-based test, 500 on written test). **This must be an official report; it must be sent directly to the Admissions Office (Attn: Jamie Sickels), Eder Hall at Missouri Western State University.**
b. and **Two Letters of Recommendation** by professors that can certify applicant's knowledge in English:
Name of Professor: _____ Discipline: _____ Course Taken: _____
Name of Professor: _____ Discipline: _____ Course Taken: _____

17. **English Language Skills:** Applicants must show solid English skills by submitting the following:
Essay: Write, in English, a well-organized and coherent composition of substantial length on why you would like to study at Missouri Western and what you expect to learn during your semester here that will leave a lasting impact on your education. **ALL APPLICANTS MUST WRITE THIS ESSAY.**

I hereby accept placement as a Visiting Student (non-degree seeking) at Missouri Western State University, and I agree to the following:

I agree to notify my home institution coordinator immediately if I no longer want to be considered for placement.

I will take part in all aspects of the program, including Orientation, which takes place 5-7 days before classes begin.

I will arrive on the campus of Missouri Western Missouri State University 5-7 days before classes begin in order to participate in the International Student Orientation.

I will pay to my home institution the designated program fee, if applicable, covering the full period of my exchange placement.

I will purchase insurance coverage as required by Missouri Western.

I will have the status of **non-degree student** at Missouri Western, unless otherwise noted. If, later, I choose to pursue a degree at Missouri Western, I will be required to reapply to Missouri Western as a degree-seeking student and will be required to fulfill all admission requirements and pay admission fees and tuition.

My placement will be limited to the period specified. An extension request is subject to review and approval by my home and host institutions.

My exchange placement may be terminated early by Missouri Western if I fail to remain enrolled full time at my host institution, fail to maintain minimum academic standards as defined by my home institution or Missouri Western, or am found by Missouri Western to be in violation of laws or regulations of my host country or institution.

If I withdraw from the program anytime after accepting the placement, or if my exchange placement is terminated after I take up placement at my host institution:

- a) I may still be obligated to pay the full program fee, where applicable, at the discretion of my home institution in collaboration and agreement with my host institution.
- b) I will forfeit my right to receive benefits as a participant and must reimburse my host institution for any money advanced to me to cover benefits after the date of my withdrawal or termination.

I understand that, in order to improve my English skills, I am required to share rooms with an American student. I am also required to enroll in an English course during my first semester at my host institution, and I understand that I may be required to take an English course during my second semester, as well.

I will confer with faculty in the Department of English, Foreign Languages and Journalism as to which courses I should enroll in. I will immediately notify the Department of any change in the number of hours in which I am enrolled. **I will reimburse the Department for any amounts which they have paid to MWSU for any courses I drop after the second day of classes.**

I request that Missouri Western Missouri State University's Registrar send an official transcript to the Department of English, Foreign Languages and Journalism upon completion of my program. I understand that I will be liable for and agree to pay any charges incurred in providing this or any additional transcripts that may be requested in the future.

23. I acknowledge that all my statements on this *Exchange Application* are complete and accurate to the best of my ability. **I understand that Federal law requires Missouri Western to disclose any information I provide on this application to the U.S. Citizenship and Immigration Service through the Student and Exchange Visitor Information System (SEVIS).** I authorize the coordinator at my home institution to send my official academic records/transcripts to Missouri Western Missouri State University.

Applicant's signature

Date

PART II: To be Completed by the Home Institution

Student's Name: _____

24. The above-mentioned student has been (please check one):

___ unconditionally selected by this institution for participation in this exchange.

___ selected by this institution for participation in an exchange, if the following condition(s) are met:

25. Explain reasons for selecting this student to come to Missouri Western Missouri State University.

26. Please indicate all further information about the applicant that Missouri Western should consider in placing this student (e.g., special interests pertaining to the country or study site, academic considerations, appropriateness of setting for this student, physical limitations requiring special facilities, etc.)

27. The applicant's knowledge of spoken and written English is:

___ Below Average

___ Average

___ Above Average

28. I have reviewed Part I of this *Participant Profile* form and discussed it with the applicant. I support this nomination. I am satisfied that the applicant has received approval for participation in an exchange from all required faculty members and administrative officials, and that all relevant information required for placement is attached.

Coordinator's signature

Name (type or print)

Date

Part III:

**APPLICATION FOR EXCHANGE VISITOR STATUS
AND DS2019 FORM FOR J-1 VISA**

Position/Occupation in Country of Residence: _____

Time of Stay in the United States from ___/___/___ to ___/___/___.
mo day yr mo day yr

During this visit the visitor will be a () Student, () Professor, () Research Scholar,
() Short-Term Scholar

Activities of the visitor will be in the field/subject of _____.

During the period of time covered by this form, the total estimated financial support in U.S. dollars will be provided by:

- a: Missouri Western State University \$____.____ How? _____
- b: An agency of the U.S. government \$____.____ Which agency? _____
- c: An international organization \$____.____ Which one? _____
- d: Exchange visitor's government \$____.____ Specify _____
- e: Bi-National Commission of visitor's country
\$____.____
- f: All other organizations \$____.____ Specify _____
- g: Visitor's personal funds \$____.____

I certify that the above information is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

NOTE: It is best when all or a portion of the visitor's support comes from a source above other than "personal funds." If explanatory notes are needed, please attach additional pages as necessary. **Return this form and all supporting documents to: Dr. Susie Hennessy, Department of English, Foreign Languages & Journalism, Eder Hall 212B, Missouri Western Missouri State University, 4525 Downs Drive, St. Joseph, MO 64507(USA).**