



National Student Exchange **Application Instructions**

Application Deadline:
February 1

SKIDMORE COLLEGE
Off-Campus Study & Exchanges
815 North Broadway, Starbuck 202
Saratoga Springs, NY 12866
Tel: 1-518-580-5355
Fax: 1-518-580-5359
ocse@skidmore.edu

Off-Campus Study & Exchanges (OCSE) recommends that you submit your application as early as possible.

Application Deadline:
• **February 1**

Incomplete applications will not be considered. Applications may be accepted after the deadline on a case-by-case basis.

Eligibility Requirements:

Before you submit your application to please be sure you are familiar with program eligibility requirements and Skidmore's off-campus study policies. You may find them on the Skidmore College Off-Campus Study & Exchanges Web site at www.skidmore.edu/ocse.

Instructions:

1) Complete Skidmore National Student Exchange Application Materials:

- NSE Application (two pages)
- Official Transcript
(An official transcript must be submitted with the application. Go to the Skidmore's Registrar webpage select "Transcripts", then select "Transcript Request Form Online." Login to the system. Complete the form. For "Institution" you must enter your abroad university, for purpose enter "Fall/Spring Study Abroad" and under "Send When" select "Now." Make sure it says "**Pick up at Registrars Office**" under recipient. Complete order and once the transcript is ready an email will be sent to your school account. Please forward this email to adean2@skidmore.edu and OCSE will pickup the transcript.)
- Two letters of Recommendation/References: one from your advisor, one from another faculty member
- Statement of purpose
- Interview
- Language proficiency report (if applicable)
- Skidmore Housing Preference Form (one page) – Return to the Office of Residential Life.
- Application fee: Send a check for \$150.00 to OCSE made payable to "Skidmore College". Please include "NSE – Application fee" in the memo line of the check.

2) Submit all parts of the **National Student Exchange Program Application** to Off-Campus Study & Exchanges.

3) Schedule your interview with the OCSE Coordinator responsible for NSE.

4) Financial Aid: All Skidmore recipients of financial aid are eligible to use some or all of their aid on the NSE program. You are urged to meet with a Financial Aid Representative to understand the implications based on your chosen host institution. This consultation should take place as soon as you have made your choice of host institution. If you are a highly aided student, we recommend that this consultation take place earlier to assist you in the program selection process.



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PLEASE TYPE OR PRINT LEGIBLY IN INK ALL INFORMATION

CONTACT INFORMATION:

Name: _____

Email address: _____

Campus/Saratoga Springs Address:

Permanent Address:

Saratoga Springs Phone: (____) _____

Permanent Address Phone: (____) _____

Cell Phone: (____) _____

OCSE will distribute my name, address, email address, and telephone number to other program participants. If I do not wish to have my name released I will check the box below.

I do not wish to have my name, address, email address and telephone number shared.

DEMOGRAPHIC INFORMATION

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

Gender: Female Male

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

Are you a New York state resident? Yes No

Country of Citizenship: United States Canada Other _____

Non-resident alien — If non-resident alien, visa type _____ Lawful permanent resident

Primary reason(s) for exchange - check all that apply

- access different courses/faculty
- evaluate graduate schools
- personal growth
- enter host campus honors program
- language study
- other: _____

Do you wish to go on exchange with another student(s): Yes No

If yes, name of the student(s) _____

Are you currently receiving financial aid? Yes No

ACADEMIC INFORMATION:

Current Class Level: Fr So Jr Sr Anticipated graduation date Mon/Year: _____

GPA: _____ Major: _____

Second Major: _____ Minor: _____

Skidmore Academic Advisor(s): _____

College ID#: _____

Activities, positions, honors while in college: _____

ACADEMIC INFORMATION CONTINUED:

Are you currently enrolled in the honors program? Yes No
Will you need courses in your major(s) while on exchange? Yes No
Will you need courses in your minor while on exchange? Yes No

EXCHANGE REQUESTS

Do you require or prefer host institution housing?

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

Period of requested exchange: Fall Semester 20____ Spring Semester 20____
 Fall Quarter 20____ Winter Quarter 20____ Spring Quarter 20____

I understand that once I am placed at my host institution I will be required to have department chairs approve proposed courses at said institution.

List in priority order the institutions you wish to attend.

Name of Institutions	If you need credit in your major or minor for courses offered at this institution the chair of your major/minor department must sign here.
1.	
2.	
3.	
4.	
5.	

This section is to be completed by your faculty advisor in your major department.

In order to ensure that the applicant is selecting an institution where they will be able to take appropriate course work for their exchange goals please complete the following questions.

- I have reviewed the applicant's degree audit with the applicant to review outstanding graduation requirements.
- I am familiar with the applicant's academic progress and believe that his or her training and intellectual interests are such as to qualify the student to profit by participating in this exchange.
- I have discussed, reviewed, and approve the applicant's institutional choice, plan of study at that institution.
- I recommend the applicant with respect to character and maturity for admission to the National Student Exchange program.

Comments or concerns regarding the applicant: _____

Faculty Advisor's Name

Title

Signature

Date

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 balances 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 the Universite de Sherbrooke in Quebec, 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.

RECOMMENDATIONS/REFERENCES

List the individuals who are writing references for you. Submit reference forms to your advisor and at least one faculty member.

advisor department/office phone e-mail

faculty department/office phone e-mail

PARENT/GUARDIAN INFORMATION

Please provide contact information for the person(s) with whom we should communicate regarding your participation in the program. This (These) person(s) will serve as our contact for financial issues as well as in cases of emergency.

1.) Name: _____

2.) Name: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

(city) (state) (zip)

(city) (state) (zip)

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

E-mail: _____

E-mail: _____

Dear Student:

By signing your name below, you permit Skidmore College's Off-Campus Study & Exchanges to release information to the contacts you have listed above. This information will include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, and information regarding your whereabouts while you are on exchange.

If you choose not to sign below, we will NOT be allowed to release any type of information to your guardian/parent before, during, or after your exchange experience, **except in the case of an emergency.**

I, _____ permit Skidmore College's Off-Campus Study & Exchanges to release information to the contacts I have indicated above.

Student's Signature

Date

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 (FERPA) 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 (pages 9-16).
- Skidmore College policies and procedures governing my exchange participation.

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 and those of my home and host campuses 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.

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: _____

SUPPORTING MATERIALS OR OTHER REQUIREMENTS

- Official Transcript
- Recommendations/references (2)
- Statement of purpose outlining academic and personal goals and reasons for exchange participation
- Language proficiency report (if applicable)
- Interview



National Student Exchange Application Faculty Advisor Nomination Form

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This form is to be completed by applicant's faculty advisor in major department.

Student's name: _____ Major: _____

First choice NSE College/University: _____

The National Student Exchange (NSE) is a not-for-profit consortium of colleges and universities in the U.S. and Canada that offers university-level domestic exchange opportunities. The 190 member institutions share their resources to expand academic programs and to provide diverse, multicultural, and meaningful educational experiences for their students.

In order to ensure that the applicant is selecting an institution where they will be able to take appropriate course work for their exchange goals, please complete the following questions.

Please check the appropriate boxes:

- I am familiar with the applicant's academic progress and believe that his or her training and intellectual interests are such as to qualify the student to profit by participating in this exchange.
- I have discussed, reviewed and approve the applicant's institutional choice, plan of study at that institution.
- I recommend the applicant with respect to character and maturity for admission to the National Student Exchange program.

Comments or concerns regarding the applicant: _____

Faculty Advisor's Name

Title/Department

Signature

Date

PLEASE RETURN TO THE OFFICE OF OFF-CAMPUS STUDY & EXCHANGES



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ACADEMIC RECOMMENDATION FORM

I. TO BE COMPLETED BY THE APPLICANT

Applicant Name: _____ Class Year: _____

Email Address: _____ Phone: (_____) _____

Major: _____ Minor: _____ Term Off-Campus: _____

First choice NSE College/University: _____

Evaluator Name: _____

Course(s) taken with Evaluator: _____

II. TO BE COMPLETED BY FACULTY

For how long have you known the applicant? _____

In what capacity? _____

In which course(s) have you taught this student? _____

Comments or concerns regarding the applicant: _____

Using a **separate sheet of paper**, please comment on the applicant's general intellectual ability and motivation for studying off-campus. Please include references to his/her emotional maturity and stability, ability to relate to others, and ability to work independently.

Name of Evaluator (please print): _____

Department: _____

Phone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

PLEASE RETURN TO THE OFFICE OF OFF-CAMPUS STUDY & EXCHANGES