

The Association of Colleges of Sisters of St. Joseph Student Exchange Program Application Form

Name _____ Preferred Pronouns: _____

Social Security # _____ Date of Birth _____

Mailing Address _____
Street or Dorm City State Zip

Phone Number: Primary _____ Secondary _____ Email _____

Number of Credits Earned _____ Number of Credits in Progress _____ Academic Major _____

Home Campus

- ___ **Avila University** Kansas City, MO
- ___ **Chestnut Hill College** Philadelphia, PA
- ___ **College of Our Lady of the Elms** Chicopee, MA
- ___ **Mount Saint Mary's University** Los Angeles, CA
- ___ **Regis College** Weston, MA
- ___ **St. Catherine University** St. Paul, MN
- ___ **St. Joseph's University** Brooklyn & Long Island, NY

Host Campus

- ___ **Avila University** Kansas City, MO
- ___ **Chestnut Hill College** Philadelphia, PA
- ___ **College of Our Lady of the Elms** Chicopee, MA
- ___ **Mount Saint Mary's University** Los Angeles, CA
- ___ **Regis College** Weston, MA
- ___ **St. Catherine University** St. Paul, MN
- ___ **St. Joseph's University** Brooklyn & Long Island, NY

Home Campus Academic Advisor: Name _____

Phone Number _____ Email _____

Home Campus Registrar: Name _____

Phone Number _____ Email _____

Housing

Do you wish to stay _____ a semester, _____ an academic year? Date of desired semester or year _____

Would you like to live in On-Campus Housing? Yes _____ No _____

Registration for Host Institution Courses

If the course catalog of the host campus indicates that any of these courses require a pre-requisite, please attach information that shares how you have met the prerequisites.

Dept	Course Selection	Title of Course								

Emergency Contact

Name _____ Relationship _____

Address _____
Street City State Zip

Phone Number: Primary _____ Secondary _____ Email _____

Health Insurance

The Association of Colleges of Sisters of St. Joseph does not require and does not provide health insurance for exchange students. Therefore, it is a student's responsibility to ensure adequately coverage of health insurance during the program. Some member campuses will require proof that you have adequate health insurance, and a few will require that you purchase their health insurance regardless of having a policy of your own. Upon your acceptance into the program, the host campus coordinator will follow-up with additional information.

I have the following health insurance coverage:

Name of Provider: _____

Identification Number: _____

Transcript Submission

An unofficial current copy of your transcript should accompany this application. Additionally, please request an official copy of your transcript to be sent directly to the host campus coordinator.

Required Signatures

Student Signature _____ Date _____

Home Campus Academic Advisor Signature _____ Date _____

Home Campus Registrar Signature _____ Date _____

This signature indicates that this student is in good standing with a GPA of 2.5 or better.

Home Campus Dean of Residence (if applicable) _____ Date _____

This signature indicates that this student is in good standing in the residence halls.

Home Campus Student Exchange Coordinator _____ Date _____

This signature indicates that the coordinator has reviewed and approved the completed application.

Application Submission

Once completed, please send a copy of the application along with an unofficial transcript to Martha Malinski, Executive Director, Association of Colleges of Sisters of St. Joseph at acssj1@gmail.com, the Home Campus Student Exchange Coordinator and the Host Campus Student Exchange Coordinator. The contact information is found on the acssj.org website. Be sure to retain a copy of this form for your own files.

Apply by **April 10** for the following Fall Semester and by **November 10** for the following Spring Semester.