



## 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	M	T	W	Th	F	S	S	No of Cred

I wish to extend my stay in on-campus housing Yes\_\_\_\_\_ No\_\_\_\_\_

## 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 adequate 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: \_\_\_\_\_

## Required Signatures

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Host Campus Student Exchange Coordinator \_\_\_\_\_ Date \_\_\_\_\_

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

Host Campus Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Host Campus Dean of Residence (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

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

## Approval From Home Campus

\_\_\_ Attached email from Home Campus Student Exchange Coordinator granting approval to extend your stay at the host campus from your home campus.

\_\_\_ Attached email from Home Campus Academic Advisor granting approval to extend your stay at the host campus from your home campus.

This application, along with attached emails from your Home Campus Student Exchange Coordinator and your Home Campus Academic Advisor should be sent by **April 10** for the following Fall Semester and by **November 10** for the following Spring Semester. Each email should be original email copies either copied or forwarded to Martha Malinski, Executive Director, Association of Colleges of Sisters of St. Joseph at [acssj1@gmail.com](mailto: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](http://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.