

# The Association of Colleges of Sisters of St. Joseph Student Exchange Program Re-application Form

This form is to be used by students currently enrolled in the ACSSJ Student Exchange Program and are seeking to extend their stay at the same host campus or another host campus.

Students are asked to consider carefully the impact of an extension in the Association of Colleges of Sisters of St. Joseph program would have on their residency and graduation requirements. ACSSJ strongly advises students to work closely with their home campus academic advisor for minimal impact on graduation requirements. Individual campuses have the freedom to limit participation in this program to one semester.

Name \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Current mailing address \_\_\_\_\_  
Street City State Zip

Permanent mailing address \_\_\_\_\_  
Street City State Zip

Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Email \_\_\_\_\_

Number of Credits Earned \_\_\_\_\_ Number of Credits in Progress \_\_\_\_\_ Academic Major \_\_\_\_\_

I am currently studying at \_\_\_\_\_ (host campus).

I wish to extend my stay at \_\_\_\_\_ for next semester: \_\_\_\_\_.

## 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 \_\_\_\_\_

Host Campus Academic Advisor: Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Host Campus Registrar: Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## 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.