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								
Stre	eet	City	State	Zip				
Permanent mailing address _								
_	Street	City	State	Zip				
Phone Number: Primary	Secondar	У	Email					
Number of Credits Earned	Number of Credits i	n Progress	Academic Majo	or				
I am currently studying at			_ (host campus).					
I wish to extend my stay at			_ for next semester	r:				
Home Campus Avila University Kansas City, MO Chestnut Hill College Philadelphia, PA College of Our Lady of the Elms Chicopee, MA Fontbonne University St. Louis, MO 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 Fontbonne University St. Louis, MO 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 Adv	risor: Name							
Phone Number	Email							
Home Campus Registrar: Nar	ne							
Phone Number								
Host Campus Academic Advis	sor: Name							
Phone Number	Email							
Host Campus Registrar: Name	e							
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	Т	W	Th	F	S	S	No of Cred
Name	ency Contact Street		Relationsh	nip						
					State				Zip	
Phone Nu	ımber: Primary	Secondary	Email _						_	
Health I	nsurance									
	· ·	Sisters of St. Joseph does not r	·	•						•
		lent's responsibility to ensure ac	•			_		_		
	•	proof that you have adequate h							-	•
	_	ss of having a policy of your ow	n. Upon your acc	eptar	nce ir	nto th	e pro	gram	n, the	host campus
coordinate	or will follow-up with a	additional information.								
have the	e following health insu	rance coverage:								
Name of F	Provider:									

Identification Number:

Required Signatures

Studer	nt Signature	_ Date
Host C	Campus Student Exchange Coordinator	Date
	This signature indicates that the coordinator has reviewed and approved the complet	ed application.
Host C	Campus Registrar Signature	Date
	This signature indicates that this student is in good standing with a GPA of 2.5 or better.	
Host C	Campus Dean of Residence (if applicable)	Date
	This signature indicates that this student is in good standing in the residence halls.	
Appr	oval From Home Campus	
	Attached email from Home Campus Student Exchange Coordinator granting approve host campus from your home campus.	al to extend your stay at the
	Attached email from Home Campus Academic Advisor granting approval to extend y from your home campus.	our stay at the host 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, the Home Campus Student Exchange Coordinator and the Host Campus Student Exchange Coordinator. The contact information is found on the acssj1.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.