

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

Name									_		
First				La	ast						
Social Sec	urity #	te of Birth						_			
Mailing Add	dress										
		or Dorm	City		State		•				
Phone Nur	nber: Home	Work		Cell		_ Email ₋					
Number of	Credits Earned	Number of Credits	s in Progress		Academic M	ajor					
	Home Campu	S			Host Car	mpus					
Avila University Kansas City, MO				Avila University Kansas City, MO							
Chestnut Hill College Philadelphia, PA				Chestnut Hill College Philadelphia, PA							
College of Our Lady of the Elms Chicopee, MA				College of Our Lady of the Elms Chicopee, MA							
Fontb	onne University St		Fontbonne University St. Louis, MO								
Mount	Saint Mary's Univ		Mount Saint Mary's University Los Angeles, CA								
Regis	College Weston, M		Regis College Weston, MA								
	therine University		St. Catherine University St. Paul, MN								
St. Joseph's College Brooklyn & Long Island, NY				St. Joseph's College Brooklyn & Long Island, NY							
The C	ollege of Saint Ros		The College of Saint Rose Albany, NY								
		sor: Name									
Phone Nur	nber	Email									
Home Can	ıpus Registrar: Nam	ne									
Phone Nur	nber	Email			· · · · · · · · · · · · · · · · · · ·						
Housing											
Do you wis	h to stay a sei	mester, an acade	emic year?	Date of c	desired semes	ter or yea	ar				
Do you pre	fer On-Campus Hou	using on the Host Cam	pus? Yes		No						
, ,	·	•									
If the cours	e catalog of the hos	stitution Courses at campus indicates that ad tells how you have r	at any of thes				site, p	oleas	зе а	ррє	end a
Dept	Course Selec	tion	Title o	of Course	e						
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In Case of Emergency Contact Name ______Relationship _____ Address City State Zip Street Phone Number: Home_____ Cell _____ Email _____ **Health Insurance** The Association of Colleges of Sisters of St. Joseph does not require and does not provide health insurance for exchange students. It is a student's responsibility, therefore, to ensure that you are adequately covered by health insurance for the period and place of your exchange. 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. The host campus coordinator will follow-up with additional information, upon your acceptance into the program. 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** Date Student Signature Home Campus Academic Advisor Date Signature Home Campus Registrar Date

Application Submission

Home Campus Dean of Residence (if applicable)

Home Campus Student Exchange Coordinator

Signature

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.

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

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

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

Date

Date