**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or Dorm City State Zip

Permanent mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or Dorm City State Zip

Phone Number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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** **Host Campus**

\_\_\_ **Avila University** Kansas City, MO \_\_\_ [Avila University](http://www.avila.edu/) Kansas City, MO

\_\_\_ **Chestnut Hill College** Philadelphia, PA \_\_\_ [Chestnut Hill College](https://www.chc.edu/)Philadelphia, PA

\_\_\_ **College of Our Lady of the Elms** Chicopee, MA \_\_\_ [College of Our Lady of the Elms](http://www.elms.edu/)Chicopee, MA

\_\_\_ **Fontbonne University** St. Louis, MO \_\_\_ [Fontbonne University](https://www.fontbonne.edu/) St. Louis, MO

\_\_\_ **Mount Saint Mary’s University** Los Angeles, CA \_\_\_ [Mount Saint Mary**’**s University](https://www.msmu.edu/)Los Angeles, CA

\_\_\_ **Regis College** Weston, MA \_\_\_ [Regis College](http://www.regiscollege.edu/) Weston, MA

\_\_\_ **St. Catherine University** St. Paul \_\_\_ [St. Catherine University](https://www.stkate.edu/) St. Paul

\_\_\_ **St. Joseph’s College** Brooklyn & Long Island, NY \_\_\_ [St. Joseph](http://www.sjcny.edu/)**[’](http://www.sjcny.edu/)**[s College](http://www.sjcny.edu/)Brooklyn & Long Island, NY

\_\_\_ **The College of Saint Rose** Albany, NY \_\_\_ [The College of Saint Rose](https://www.strose.edu/) Albany, 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 append a page that lists the course(s) and tells 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\_\_\_\_\_\_

**In Case of Emergency Contact**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Phone Number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Additionally, please provide attach an email from your Home Campus Student Exchange Coordinator and your Home Campus Academic Advisor. Each email should articulate permission 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, 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.