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
___ **Nazareth University** Rochester, NY
___ **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
___ **Nazareth University** Rochester, NY
___ **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, 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.