

Columbus State University Exchange Student Application

(Please write clearly)

Surname _____ First _____ Middle _____

Current Address: _____

Permanent Home Address: _____

E-mail Address: _____

Telephone Numbers: (Current) _____ (Permanent) _____

(Cell or Mobile) _____

Date of Birth: _____ (day)/ _____ (month)/ _____ (year) Sex: M / F

Passport Information:

I am applying for a passport _____ Country of citizenship _____

I have a passport _____ Passport number _____ Expiration date _____

Intended Area of Study or Major at Home Institution: _____

No. of Years Completed: _____

Period you wish to study on exchange: From: _____ (day)/ _____ (month)/ _____ (year)
To: _____ (day)/ _____ (month)/ _____ (year)

Do you have any other special requests regarding accommodation or instruction: _____

Signed: _____ Date: _____

After reviewing this application packet with your academic adviser or tutor, please return it to the student exchange coordinator at your university.

Please also include with your application the following information:

- Complete, signed application
- Up-to-date passport-sized photo
- List of Classes or Modules Requested
- CSU Release and Waiver of Liability
- Student Statement
- Faculty Recommendation Form
- Current Transcript
- TOEFL Score or Letter of English Language Proficiency (if home university is not English-speaking)

**COLUMBUS STATE UNIVERSITY RELEASE AND
WAIVER OF LIABILITY**

Please read and sign the following statement:

I certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study.

I acknowledge that participation in a study abroad involves some risks of injury, illness, or loss of personal property. I agree to release and forever discharge Columbus State University, and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in the exchange program described above.

I authorize the exchange coordinator at Columbus State University to send my official transcripts/records to my home institution.

I have read the above statements carefully before signing. Further, I understand that this Release and Waiver of Liability shall be effective for a period of one year from this date or through the end of the exchange program, which is later.

(Student's Signature)

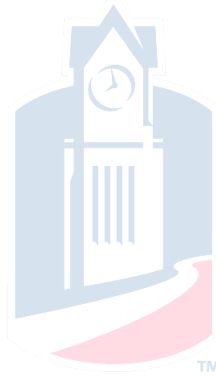
(date)

(Student's Name Printed)

STUDENT STATEMENT FORM

Student's Name: _____

Please write a one- to two-page statement describing why you would like to participate in the exchange program and what benefits you would expect to gain from your experience.



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(continue statement on the back of this sheet if necessary)

FACULTY RECOMMENDATION FORM

A) To be completed by the student applicant:

Name of applicant: _____

Name of person providing reference: _____

I, _____, waive my right to access (as afforded by U.S. federal law) to the information provided on this form:

Agree (Reference is confidential and not open to applicant's inspection.)

Disagree (Student retains the right to inspect the recommendation.)

B) To be completed by the faculty member providing the reference:

The above-named applicant is applying for study abroad through the exchange program with Columbus State University. The program coordinators are concerned with the applicant's academic and personal suitability for study abroad.

Please type or print clearly. Return this reference form to your campus' student exchange coordinator. Thank you.

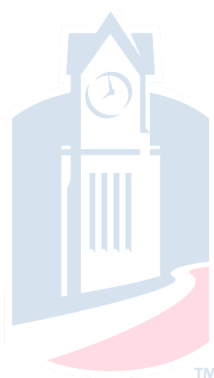
1) How long and in what capacity have you known the applicant?

2) Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below average	Average	Above average	Inadequate opportunity to observe
Knowledge in area of specialization				
Motivation and seriousness of purpose				
Ability to plan and carry out research/independent study				
Ability to express thoughts in speech and writing				
Emotional stability and maturity				
Self-reliance and independence				

(FACULTY REFERENCE FORM CONTINUED)

3) Please comment specifically about the applicant in terms of the following: (a) academic suitability for study at an institution abroad; (b) personal suitability for living abroad; (c) how participation in the exchange program will be of benefit, both academically and personally; (d) weaknesses; and (e) any other factors which you believe may affect a successful experience on the exchange. (Please type if possible).



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After reading the student's application I (select one):

- Strongly endorse the applicant
- Endorse the applicant
- Do not endorse the applicant

(Recommender's Signature)

(Date)

(Recommender's Name typed or printed clearly)

Position/Title _____

E-mail address: _____ Office phone (_____) _____