



National Student Exchange Application

Application Deadline: February 14th

Late Placement deadline for Fall: April 15 – May 1
Late Placement deadline for Spring: April 15 – Oct. 1

Date Application Submitted: _____
Nonrefundable Application Fee Received: _____
The application is not considered complete until the fee has been paid.

Prior to completing this application:

- Read NSE eligibility requirements, policies, and procedures in the *NSE Directory*, available from the Coordinator.
- Read “Stony Brook University NSE Check List” and “Steps for a Completed Exchange” which is part of this application packet.
- Create a special NSE folder to keep all pertinent materials and documents for yourself.

RETURN ALL DOCUMENTS TO:

Erika Benhardt (Erika.Benhardt@stonybrook.edu) 631-632-4378 Fax: 631-632-4525
NSE Coordinator
Undergraduate Academic Affairs
N 3071 Melville Library
Stony Brook University
Stony Brook, NY 11794

Please type or print very clearly.

CONTACT INFORMATION

Name: First _____ Middle _____ Last _____

Current Address:

Street or Residence Hall & Room _____

City, State, and Zip Code _____

Permanent Address:

Street _____

City, State, and Zip _____

Current Phone () _____ Extension _____ Permanent Phone () _____

Alternate Phone/Cell Phone () _____

E-mail _____ Alternate E-mail _____

Social Security Number _____ Campus I.D. Number _____

DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): _____ Gender: Female Male

Are you currently living in on-campus housing? Yes No

Are you a resident of the state in which your home campus is located? Yes No

Country of Citizenship: United States Other _____

Resident Alien # _____

DEMOGRAPHIC INFORMATION, continued

Primary reason(s) for exchange - check all applicable

- Access different courses/faculty
- Evaluate graduate schools
- Live in a different area
- Personal growth
- Participate in host campus international program
- Enter host campus honors program
- Exchange as a resident assistant
- Language study
- Look for future employment
- Other: _____

SCHOLASTIC AND OTHER INFORMATION

Expected Class Level on Exchange: SO JR SR Cumulative grade point average: _____

Major(s): _____ Minor(s): _____

Will you need courses in your major while on exchange? Yes No

Are you currently receiving financial aid? Yes No

Where do you plan to reside at the exchange school? Residence hall Sorority/Fraternity Off-campus

Are you currently enrolled in an honors program? Yes No

Marital Status: Single Married

Will you be accompanied on exchange by: Spouse: Yes No Children: Yes No

Do you wish to go on exchange with another student(s): Yes No

If yes, name of the student(s) _____

Name of campus at which the student is enrolled: _____

EXCHANGE REQUESTS

- Period of requested exchange: Fall Semester 20____ Spring Semester 20____
- Fall Quarter 20____ Winter Quarter 20____ Spring Quarter 20____
- Summer 20____

List in priority order the institutions you wish to attend and the tuition payment plan(s) you could use.
(Use an additional sheet if more than five institutions are requested.)

Name of Institution	Tuition Payment Plan
	Plan A=In-state tuition/fees are paid to the host institution Plan B= Normal tuition/fees paid to your home campus
1. _____	___A only ___B only ___A or B (prefer ___)
2. _____	___A only ___B only ___A or B (prefer ___)
3. _____	___A only ___B only ___A or B (prefer ___)
4. _____	___A only ___B only ___A or B (prefer ___)
5. _____	___A only ___B only ___A or B (prefer ___)

EDUCATIONAL BACKGROUND (Submit unofficial transcript with application)

Number of credits completed to date: _____ Number of credits enrolled in current term: _____

Expected graduation date (month/year): _____

Do you have any Incomplete grades, missing grades, or other deficiencies (e.g. failure to complete required proficiency tests)? Yes No

If yes, please explain: _____

Activities, positions, honors while in college: _____

SPECIAL NEEDS OR CIRCUMSTANCES

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be needed; a documented disability which may require academic accommodation (e.g., notetakers, taped texts); a medical condition which might require immediate attention during exchange; or a condition which might affect emotional or mental well-being during exchange, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you on this campus. Also indicate whether or not we may contact your requested host campuses at this time. NSE does not discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process is invited in order to assist you in identifying a placement site which can provide reasonable accommodation of your needs. Following placement, it is your responsibility to consult the host campus coordinator and ADA officer to determine the deadlines by which you must submit written, current, and professionally documented information as required by your host campus.

OTHER CONSIDERATIONS

Have you ever been convicted of a felony? No Yes If yes, please explain: _____

Are you on probation, parole, or have any legal judgments pending against you either inside or outside campus?

No Yes If yes, please explain: _____

Are you currently under any campus disciplinary action for violation of codes of academic or student conduct?

No Yes If yes, please explain: _____

Do you have any outstanding indebtedness to the campus? No Yes If yes, what is owed? _____

LANGUAGE PROFICIENCY

What is your native language? English Spanish French Other: _____

If you plan to exchange to a campus in Puerto Rico, you must be certified for proficiency in Spanish by a member of our Hispanic Languages Department. If you plan to exchange to a Francophone campus in Canada, you must be certified for proficiency in French by a member of our European Languages Department. If English is not your first language, for all other U.S. NSE locations you must demonstrate proficiency in English. Language proficiency must be determined prior to placement.

RECOMMENDATIONS/REFERENCES

List two individuals who you will ask to write references for you. It is preferable to have at least one Stony Brook University faculty member or professional staff person provide a reference for you.

Reference Department/Office Phone

Reference Department/Office Phone

EMERGENCY CONTACT

Name _____ Relationship _____

Street _____

City, State, and Zip Code _____

Phone () _____

E-mail _____

RELEASE OF INFORMATION

The collection, retention, and dissemination of your records and information about you are subject to federal regulation under the Family Education Rights and Privacy Act of 1974. You are responsible for specifying the persons or agents who have access to your records. Therefore, it is necessary that we obtain your permission to request and release information pertinent to your exchange. Please read the following statements and sign below:

- I understand that it will be necessary for my campus to obtain certain information about my academic and non-academic record in order to: 1) ascertain my eligibility and suitability for an exchange through NSE, and 2) facilitate my exchange after it is arranged. I hereby grant permission to the NSE coordinator and/or designee to obtain information that is appropriate to my application and participation in the exchange including, but not limited to, letters of recommendation, permanent academic records and transcripts, conduct, fiscal records, medical records, all for the purposes of exchange placement and participation, continuation, or termination.
- I give permission to the NSE coordinator and/or designee to contact appropriate personnel in order to verify that I am under no disciplinary action for violation of codes of academic and student conduct and/or that I have no judicial cases pending which would invalidate my eligibility for exchange.
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the NSE application process to my home NSE Coordinator, designee, and those individuals/committees responsible for reviewing and approving my application for exchange participation.
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the NSE application process to the National Student Exchange Central Office and to the NSE host institution at which I am placed.

Signature _____ Date _____

SUPPORTING MATERIALS OR OTHER REQUIREMENTS:

- Unofficial transcript
- Two recommendations/references (part of application packet)
- Academic Advising Check List for DEC requirements (or Honors College or CEAS) (part of application packet)
- Major Requirements Check List (part of application packet)
- Statement of personal goals and reasons for exchange participation (part of application packet)
- Interview with Coordinator
- Language proficiency report (if applicable)
- Non-refundable fee (\$175) submitted

SIGNATURE

I have read and fully understand:

- Information on eligibility, policy, and procedures presented in the NSE Directory
- Campus policies and procedures governing my exchange participation

I further understand that:

- Participating in the National Student Exchange is a privilege and not a right
- Submitting an application is not a guarantee of application acceptance or placement
- I must, at all times prior to and during my exchange, meet the eligibility requirements (academic, behavioral, and financial) of the program and those of my home and host campuses, and that failure to do so will result in the cancellation of my exchange.
- Upon completion of my exchange I will submit a brief summary/evaluation of my exchange experience describing the host campus academic program I followed, how the exchange benefited me, and my recommendations about the host campus for other SBU students.

If accepted for participation in the National Student Exchange, I agree to adhere to all the rules and regulations of both my home and host institutions. Failure to do so will result in the cancellation of my exchange.

I affirm that all information is complete, accurate, and true to the best of my knowledge. I acknowledge that I am signing freely, voluntarily, and under no compulsion.

Signature _____ Date _____

Statement of Purpose

Type or print neatly a brief (approximately 250 words) summary of your academic, career, personal goals. Explain how participation in the National Student Exchange Program will help you reach them. You may use a separate sheet if you wish.

Major Department Advising Form
For Information Only
(NOT FOR PERMISSION)
*If you have more than one major or minor, you may want
to make copies of this form for each*

Name _____

Stony Brook ID # _____

Major(s) _____ Minor(s) _____

1. List all courses completed toward Major

3. List all courses needed to complete Major

2. List all courses currently in progress toward Major

4. From #3 above, list those courses that the department
would accept as transfer if determined to be equivalent

Notes:

5. List any courses that a student **MUST** take at Stony
Brook University and will not be accepted from another
institution.

Name of Advisor _____ Signature _____

Department _____ Date _____

**ACADEMIC & PRE-PROFESSIONAL ADVISING CENTER /
CEAS / HONORS COLLEGE / MSRC ****

FOR INFORMATION ONLY

(Not for Permission)

Name _____ Stony Brook ID _____

Date of Matriculation _____ GPA _____ Total Credits Completed _____

Credits at USB _____ Major(s) _____ Minor(s) _____

D.E.C. REQUIREMENTS

**M = MET
IP = In Progress
N = Needs**

**TRANSFERABLE
After Matriculation**

- | | | |
|---------------------------------|-------|------|
| 1. Basic Mathematics Competence | _____ | Yes* |
| 2. Basic Writing Competence | _____ | Yes* |
| 3. Elementary Foreign Language | _____ | Yes* |
| 4. American History Competence | _____ | Yes* |

- | | | |
|------------------------|----------|----|
| A. English Composition | 1. _____ | NO |
| | 2. _____ | |

B. Interpreting Texts in the Humanities	_____	Yes*
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C. Mathematical and Statistical Reasoning	_____	Yes*
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D. Understanding the Fine and Performing Arts	_____	Yes*
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E. Natural Sciences	1. _____	Yes*
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	2. _____	Yes*
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F. Social and Behavioral Sciences	1. _____	Yes*
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	2. _____	Yes*
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G. Humanities	1. _____	Yes*
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	2. _____	Yes*
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H. Implications of Science and Technology	_____	Yes*
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I. European Traditions	_____	**
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J. The World Beyond European Traditions	_____	**
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K. American Pluralism	_____	NO
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Residency Credits Needed (<i>36 after the 57th credit</i>)	_____ # Needed	NO
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Upper Division Credits Needed (<i>39 minimum</i>)	_____ # Needed	Yes*
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*If Yes, course must be evaluated and approved

Signature of Advisor _____ Date _____

**Can be modified as necessary for CEAS, SoMAS, Honors College