



Application for Participation in Student Exchange Program New York University and Baylor University

Spring 2017

___ New York University

___ Baylor University

APPLICATION DEADLINE: **Friday, October 21, 2016**

NAME OF APPLICANT: _____

DATE OF BIRTH: ___/___/___ SEX: M___ F___

CURRENT ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____ PHONE #: (___) _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____ PHONE #: (___) _____

EMAIL ADDRESS: _____

U.S. CITIZEN: ___ U.S. RESIDENT: ___ NON-IMMIGRANT: ___ VISA STATUS: _____

PARENT/GUARDIAN: _____

ADDRESS (if different from above): _____

CITY: _____ STATE: ___ ZIP: _____ PHONE #: (___) _____

CURRENT LEVEL OF STUDY IS: SOPHOMORE ___ JUNIOR ___ OTHER _____

MAJOR/FIELD(S) OF STUDY: _____ MINOR/FIELD(S) OF STUDY: _____

OVERALL GPA: _____

IF YOU HAVE ATTENDED ANY OTHER COLLEGES AND UNIVERSITIES, PLEASE LIST THEM HERE, AND **PROVIDE TRANSCRIPTS**
(unofficial transcripts may be sent with application):

DATES OF ATTENDANCE	NAME AND ADDRESS OF INSTITUTION
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_____	_____
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_____	_____
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_____	_____
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HAVE YOU RECEIVED ANY SCHOLARSHIPS, AWARDS, OR HONORS? PLEASE LIST.

HAVE YOU PARTICIPATED IN ANY EXTRACURRICULAR ACTIVITIES OR ORGANIZATIONS ON CAMPUS OR IN THE COMMUNITY? PLEASE LIST.

STATEMENT OF PURPOSE: PLEASE WRITE A BRIEF ESSAY OUTLINING YOUR REASONS, BOTH ACADEMIC AND PERSONAL, FOR WISHING TO BE AN EXCHANGE STUDENT AND THE REASONS FOR YOUR SCHOOL SELECTION. (500 words)

FACULTY RECOMMENDATION: PLEASE PROVIDE THE NAMES AND CONTACT INFORMATION OF TWO FACULTY ADVISORS AND/OR INSTRUCTORS WHO ARE FAMILIAR WITH YOUR ACADEMIC INTERESTS AND ABILITIES.

Name _____ **Email** _____ **Phone** _____

Name _____ **Email** _____ **Phone** _____

COURSE SELECTION FORM: PLEASE REVIEW THE APPROPRIATE COURSE LISTINGS FOR THE SCHOOL YOU WOULD LIKE TO ATTEND. COMPLETE THE ATTACHED COURSE SELECTION FORM (PAGE 3). INDICATING COURSES IN WHICH YOU WOULD LIKE TO ENROLL. IN ADDITION, YOU MUST COMPLETE **XAVIER UNIVERSITY'S "REQUEST TO PURSUE COURSES AT ANOTHER INSTITUTION FORM"**. YOU CAN PICK UP A COPY OF THIS FORM FROM YOUR ACADEMIC ADVISOR OR THE REGISTRAR'S OFFICE. (THIS FORM REQUIRES THE SIGNATURE OF YOUR ADVISOR/DEPARTMENT CHAIR.)

I HAVE REVIEWED AND APPROVED THE PROPOSED COURSES OF STUDY AS LISTED ON THE COURSE SELECTION FORM FOR THIS APPLICATION (PAGE 3):

COURSE SELECTION FORM FOR PROSPECTIVE EXCHANGE STUDENTS

Exchange students are eligible to enroll in most classes. Students should always read course descriptions in the appropriate school bulletins which are accessible online at university website. The NYU Registrar’s website <http://www.nyu.edu/registrar/listings/> and Baylor University Registrar’s website <https://www1.baylor.edu/courselistings>

PREFERRED COURSES:

	COURSE NUMBER	COURSE TITLE	COURSE CREDITS/POINTS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

ALTERNATE COURSES:

	COURSE NUMBER	COURSE TITLE	COURSE CREDITS/POINTS
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

NOTE: THIS FORM IS NOT A COURSE REGISTRATION FORM AND DOES NOT GUARANTEE ACCESS TO THE ABOVE LISTED CLASSES. STUDENTS ACCEPTED INTO THE EXCHANGE PROGRAM WILL SELECT AND REGISTER FOR CLASSES IN CONSULTATION WITH THEIR ADVISORS IN THE FALL PRIOR TO THE START OF THE SPRING TERM.

XAVIER UNIVERSITY OF LOUISIANA ("XULA") - DOMESTIC STUDENT EXCHANGE PROGRAM

CONDITIONS OF STUDENT PARTICIPATION

Please sign your initials by each of the stated conditions, and submit this form with your completed application.

STUDENTS:

1. WILL REMAIN REGISTERED AT THE HOME INSTITUTION (XULA) AND PAY TUITION AND FEES (INCLUDING HEALTH INSURANCE WHERE APPROPRIATE) TO XULA. _____
2. WILL HAVE THEIR PROGRAM OF STUDY AT XULA PRE-APPROVED FOR CREDIT BY THE APPROPRIATE DEPARTMENTS AND OFFICERS AT XULA BEFORE BEGINNING THE PROGRAM. _____
3. WILL LIVE IN COLLEGE RESIDENCE HALLS FOR THE DURATION OF THEIR EXCHANGE AT THE HOST INSTITUTION. _____
4. WILL BE HELD RESPONSIBLE FOR ALL CHARGES RELATED TO ROOM AND BOARD.

FOR NEW YORK UNIVERSITY: PAYMENT OF ROOM CHARGES WILL BE MADE TO THE HOST INSTITUTION (NEW YORK UNIVERSITY). THE COST OF ROOM AND BOARD CHARGES WILL NOT EXCEED THE HOUSING COST AT XAVIER . _____

FOR BAYLOR UNIVERSITY: PAYMENT OF ROOM CHARGES WILL BE MADE TO THE HOME INSTITUTION (XAVIER UNIVERSITY).

5. WILL FOLLOW STUDENT REGULATIONS IN EFFECT AT THE HOST INSTITUTION. _____
6. MAY WITHDRAW FROM THE EXCHANGE PROGRAM AT ANY TIME BUT WILL BE SUBJECT TO THE REFUND POLICY OF THE HOME INSTITUTION (XULA) WITH REGARD TO ROOM, BOARD, AND TUITION AND FEES. _____
7. WILL BE FULLY RESPONSIBLE FOR MAKING PERSONAL TRAVEL ARRANGEMENTS AND PAYMENT OF ALL TRANSPORTATION CHARGES BETWEEN HOME AND HOST INSTITUTIONS.
8. MUST RETURN TO XULA TO COMPLETE COURSE WORK TOWARD THE BACHELOR-LEVEL DEGREE, DURING THE NEXT REGULAR SEMESTER FOLLOWING THE EXCHANGE SEMESTER. _____
9. NO PROVISIONS WILL BE MADE FOR SPOUSES OR DEPENDENTS WITH REGARD TO ROOM, BOARD, OR OTHER SERVICES. _____

**Mandatory Release Form for Participation in Exchange Program
New York University and Baylor University**

Center for Intercultural and International Programs

RELEASE FORM

Official Transcript Stipulation:

As a prospective domestic exchange student, I grant the College of Arts and Sciences, Dean's Office, permission to request official transcripts on my behalf.

Disciplinary Action Stipulation:

I grant the College of Arts and Sciences, Dean's Office, permission to check my student record for any disciplinary actions. I understand that any disciplinary infractions will disqualify me for the domestic exchange program.

Signature of Student

Date

Application for Participation in Student Exchange Program New York University and Baylor University

1. COMPLETE THE APPLICATION FORM, AND SIGN IT.

2. PREPARE YOUR STATEMENT OF PURPOSE, OUTLINING IN A BRIEF ESSAY (NO MORE THEN ONE PAGE) YOUR REASONS FOR WISHING TO BE AN EXCHANGE STUDENT.

- 3. OBTAIN TWO LETTERS OF RECOMMENDATION FROM FACULTY ADVISORS AND/OR INSTRUCTORS.
- 4. REVIEW THE APPROPRIATE COURSE LISTINGS, AND COMPLETE THE COURSE SELECTION FORM.
- 5. PROVIDE THE REQUESTED APPROVAL SIGNATURE FROM THE ACADEMIC ADVISOR IN YOUR

DEPARTMENT/DIVISION

6. COMPLETE AND SIGN THE MANDATORY RELEASE FORM CONCERNING OFFICIAL TRANSCRIPT RELEASE AND STATEMENT ON DISCIPLINARY ACTIONS.

7. REVIEW AND SIGN THE CONDITIONS OF STUDENT PARTICIPATION FORM.

8. SEND OR DELIVER ALL MATERIALS TO:

Mr. Torian L. Lee, Director

Center for Intercultural and International Programs

Xavier University of Louisiana

1 Drexel Drive, Box 127

St. Joseph Academic & Health Resource Center, Room 312 New Orleans, Louisiana 70125

tlee@xula.edu

504-520-5491

APPLICATION DEADLINE: FRIDAY, OCTOBER 21, 2016

DO NOT WRITE BELOW THIS LINE

Recommendation of Review Committee: Approved: _____ Disapproved: _____

Remarks: _____

Approved by _____ Date: _____

Overall GPA: _____