

Office of Undergraduate Studies

Case Western Reserve University 10900 Euclid Ave. Cleveland, Ohio 44106-7028 Phone: 216.368.2928 Fax: 216.368.4718 case.edu/ugstudies

CASE WESTERN RESERVE UNIVERSITY/FISK UNIVERSITY EXCHANGE STUDENT APPLICATION

Application deadlines:Fall Semester — April 1Spring Semester — Oct. 1

Return applications to: Claudia C. Anderson Assistant Dean of Undergraduate Studies 447 Sears Building

Tel:	216.368.2928	
Fax:	216.368.4718	
Email: claudia.anderson@case.edu		

Please complete this application either by typing or printing your answers. You must also submit the following materials:

- A one-page essay stating the reasons you wish to participate in the exchange program and how your proposed studies at Fisk will fit into your academic plan at CWRU.
- One faculty recommendation

Part One: Personal Information			
Name:			
last	first		middle
Student ID#:	Date of Birth (MMDD/	YYYY):	
Permanent Address (home):			
Phone Number:			
Address During Academic Year:			
Phone Number:			
For Non-U.S. Citizens:			
Visa Type (if applicable):	Expiration Date	:	
Part Two: Academic Information			
Entered CWRU: Fall (year)	Spring as a (year)	First-year	Transfer/Binary
Expected Graduation Date:			
Are you a dependent of a CWRU er	mployee and eligible for a tuiti	on fee waiver?	
Major(s):			

Academic Adv	visor:				
Cumulative G	e GPA: Hours earned at the end of the current semester:				
I am applying	I am applying to participate in the CWRU-Fisk University exchange program for:				
Fall Semester	(year)	Spring Semester	r (year)		
Part Three: C	Contact Informa	ation			
If you participa	If you participate in the CWRU/Fisk Univeristy Exchange Program:				
Emergency Contact (person that CWRU may release information to during your absence)					
Name:			Relatio	onship:	
Phone Numbe	er:		Street Add	dress:	
City:		Sta	ate:	Zip Code:	
May Case We	estern Reserve	release your nam	ne to present or	· potential exchange program participants?	
	Yes	No			
Part Four: Disciplinary Action					
Have you ever been subject to disciplinary action?					
In housing:	Yes	No			
Other:	Yes	No			
If yes, please describe below:					

I have discussed my proposed program with and received approval from my advisor.

I understand that as a participant in the program:

- a. I must register at CWRU for EXCH 2 (12 credits) and will pay tuition to CWRU.
- b. I will pay room and board at the Fisk University rate during the semester of exchange.

While a participant in the CWRU/Fisk University Exchange Program, I agree to abide by the standards of conduct at Fisk University and understand that if I fail to do so, I may be excluded from the program.

I understand that to be eligible for a degree from Case Western Reserve University, I must complete at least 60 hours in residence, with 30 of those hours to be completed after having achieved senior status.

I understand that I must complete my last 15 credit hours at CWRU to meet the senior residency requirement.

Candidate's Signature:

Date: _____

FOR OFFICE USE ONLY:			
APPROVED			
NOT APPROVED			
Judicial Affairs			
Exchange Advisor			