



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 1
Spring 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

Academic Advisor: _____

Cumulative GPA: _____ **Hours earned at the end of the current semester:** _____

I am applying to participate in the CWRU-Fisk University exchange program for:

Fall Semester _____ **Spring Semester** _____
(year) (year)

Part Three: Contact Information

If you participate in the CWRU/Fisk University Exchange Program:

Emergency Contact (person that CWRU may release information to during your absence)

Name: _____ **Relationship:** _____

Phone Number: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

May Case Western Reserve release your name 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 ____ / ____ / ____