



# CONAHEC Student Exchange Program

Consortium for North American Student Exchange Program  
Consortio para la Colaboración de la Educación Superior en América del Norte  
Consortium pour la collaboration dans l'enseignement supérieur en Amérique du Nord

## Student Exchange Application Form

**Instructions:** Print this application form, provide the required information and submit the form to the CONAHEC student exchange coordinator at your institution. All information must be legibly printed in **black ink** or typed.

### SECTION I. Legal Name of applicant; do not use nicknames or abbreviations.

Last/Family Name \_\_\_\_\_

First/Given Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

### SECTION II. Student's Postal Address and Contact Data. \_\_\_\_\_ Check here if this is your permanent address.

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

Telephone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Cellular phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Country code Area or City code Country code Area or City code

Primary e-mail address: \_\_\_\_\_

Alternate e-mail address (optional): \_\_\_\_\_

Alternate Postal Address and Contact Data, if different from address provided above (optional).

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

Telephone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Country code Area or City code

### SECTION III. Statistical Data.

Country of birth \_\_\_\_\_

Gender, choose one (optional):

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ No response

Citizenship\* \_\_\_\_\_

*\*Your response is not required; however, this information will help the proposed host institution determine the appropriate visa for participation in this exchange program.*

Do you have a current passport? \_\_\_\_ Yes \_\_\_\_ No

Dual or multiple citizenship holder: provide information from the passport you will use for travel to/within/from the country where the exchange program is located.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

If yes, list passport country \_\_\_\_\_

Passport expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Application continued on page 2 >>>>>>



SECTION IV. Education Data. College or University you are currently attending:

College/University Name

State/Province

Country

Current Year in College: (circle one)

Current Academic Program:

1 2 3 4 5+ Graduate PhD

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Proposed Exchange Host Institution Name and Location (maximum 3):

Instruction Language<sup>2</sup>

Exchange Session<sup>1</sup>

Year

(English/French/Spanish)

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1Fall = begins August or September and ends November or December;
Winter(Canada) or Spring(U.S. and Mexico) = begins January and ends May/June;
Summer = begins late May/early June and ends June or July; not available at all locations.

2English language proficiency requires a TOEFL exam; provide your most recent TOEFL exam score: \_\_\_\_\_

Your level of foreign language proficiency: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Proposed Courses at Host Institution (or attach a separate sheet):

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

An internship is part-time, unpaid work that may grant academic credit towards your degree program. If available, are you interested in an Internship position? No \_\_\_ Yes \_\_\_

SECTION V. Student Certification. I certify that all the information provided in my application, supporting documentation and subsequent communications are complete and accurate to the best of my knowledge, and that all attached or separately submitted personal statements and responses represent my own work. I understand that I have a continuing obligation to update the information provided in this application. I accept that any misrepresentation or omission may invalidate any further consideration and may be cause for denial or cancellation of participation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

SECTION VI. CONAHEC Student Exchange Program Coordinator Authorization.

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Printed Name \_\_\_\_\_

College/University Name \_\_\_\_\_

Privacy Statement. CONAHEC/University of Arizona does not obtain personal information about you when you visit our Websites or through other online services unless you provide us that information voluntarily. Requests for information received by e-mail may be redirected to another part of CONAHEC or the University of Arizona that may be in a better position to respond to the request. Any personal information you provide will only be released to authorized postsecondary institutions participating in the CONAHEC Student Exchange Program as indicated in your paper and/or electronic application and will not be released to outside parties unless we are legally required to do so in connection with legal proceedings law enforcement investigations, or state law. (view complete University of Arizona Electronic Privacy Statement)