

**CASE WESTERN RESERVE UNIVERSITY/ FISK UNIVERSITY**  
**EXCHANGE STUDENT APPLICATION**  
**2009-10 ACADEMIC YEAR**

The Case/ Fisk Exchange Program offers students a unique educational opportunity to experience student life at Case Western Reserve University and Fisk University. The exchange program is designed to allow up to four (4) Fisk undergraduate students to enroll for one semester at Case Western Reserve University. Students participating in the exchange will normally be in their third, fourth or fifth semester of enrollment.

Fisk University will be responsible for selecting students for exchange and will forward all required documentation to Case Western Reserve University. Students chosen by Fisk shall normally be accepted by Case; however, each institution reserves the right to decline admission. Fisk students will register as non-degree, full-time students at Case and will be free to take courses if at an appropriate level and subject to the agreement of the department involved. Each university will inform the other of any departments that have restricted access. Fisk students will be subject to the rules, regulations and discipline of Case Western Reserve University.

Fisk students will pay tuition and room/board costs at their home university. Fisk students studying at Case will receive a Fisk Visiting Student Subsistence Award from Case, if necessary, which will be applied to additional room and board costs at Case. Exchange students are responsible for the following expenditures: travel expenses, \$150 Orientation fee, course fees (such as fieldwork costs, for which a non-exchange student would also be liable), travel and medical insurance, medical expenses not covered by insurance, textbooks, personal expenses, and all other debts incurred during the course of the exchange period.

Upon completion of the student's academic period of exchange, Case Western Reserve University will send an official transcript of credits to Fisk University. Fisk University students must authorize the release of their transcripts *in writing* before leaving Case. Responsibility for the transfer of Case Western Reserve University's credits rests with Fisk University.

Please return completed applications by April 1 (for Fall semester) and October 15 (for Spring semester) to:

Claudia C. Anderson  
Assistant Dean of Undergraduate Studies  
Office of Undergraduate Studies  
Case Western Reserve University  
10900 Euclid Avenue  
Cleveland, Ohio 44106-7028

Telephone     (216)368-2928  
Fax             (216)368-4718

Email           [claudia.anderson@case.edu](mailto:claudia.anderson@case.edu)

Thank you for your interest in the exchange program. We are looking forward to welcoming you to our campus.

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

- \*A one page essay in which you state the reasons why you wish to participate in the exchange program
  - \*An official transcript from Fisk University
  - \*One faculty recommendation
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**Part 1: Personal Information**

**Name** \_\_\_\_\_  
Last (Family) First (Given) Middle

**ID/SS#** \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ **Date of Birth** (Month/Day/Year)\_\_\_\_\_

**Male** \_\_\_\_ **Female** \_\_\_\_ **Marital Status:** Single \_\_\_\_ Married \_\_\_\_

**Country of citizenship:** \_\_\_\_\_ **Visa Type** (if applicable) \_\_\_\_\_

**Permanent Address (home):**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Address during academic year:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Entrance Term/Year:** **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_  
(Year) (Year)

**Have you ever applied to or attended Case?** **Yes** \_\_\_\_ **No** \_\_\_\_

**If so, indicate semester/year of study** **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_  
(Year) (Year)

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**Part 2: Current Program**

Academic major (field, specialty) \_\_\_\_\_

**Academic Advisor:**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Current year of study:**

\_\_\_ First year      \_\_\_ Second year      \_\_\_ Third year      \_\_\_ Fourth year

Expected date of completion of current program \_\_\_\_\_

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**Part 3: Planned Program of Study at Case**

Please list specific courses in which you wish to enroll. Courses offered at Case are listed at the following website: <http://www.cwru.edu/courses/catalog/>. Indicate which courses are absolutely necessary and those that are optional.

Subject	Course Title	Necessary/Optional
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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My signature below indicates that all information contained in my application is complete, factually correct, and honestly presented.

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

**Advisor** \_\_\_\_\_ **Date** \_\_\_\_\_