

CASE WESTERN RESERVE UNIVERSITY/FISK UNIVERSITY
EXCHANGE STUDENT APPLICATION
2008-09 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, 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.

Completed applications should be returned by June 1 (for fall semester) and November 1 (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

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** _____

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(Year)

(Year)

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 _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Applicant Signature _____ **Date** _____

Advisor _____ **Date** _____