



# Application for Exchange

Application Deadline: February 16, 2009

Date Application Submitted: \_\_\_\_\_

Nonrefundable Application Fee Received: \_\_\_\_\_

The application is not considered complete until the fee has been paid.

*The University of Northern Iowa requests this information for the purpose of processing this form. All items are required: therefore, incomplete forms cannot be processed. Release of any information is governed by Iowa Board of Regents rules and applicable state and federal statutes.*

## RETURN THIS FORM TO: National Student Exchange Office

University of Northern Iowa

2637 Hudson Road

Cedar Falls, IA 50614-0285

Please type or print very clearly.

## CONTACT INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Current Address:

Street/Residence Hall and Room \_\_\_\_\_

City, State/Province, and Zip/Postal Code \_\_\_\_\_

Permanent Address:

Street \_\_\_\_\_

City, State/Province, and Zip/Postal Code \_\_\_\_\_

Current Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ extension \_\_\_\_ Permanent Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Phone/Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Alternate E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Campus I.D. Number \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender:  Female  Male

Are you currently living in on-campus housing?  Yes  No

Are you a resident of the state/province in which your home campus is located?  Yes  No

Country of Citizenship:  United States  Canada  Other \_\_\_\_\_

Non-resident alien — If non-resident alien, visa type \_\_\_\_\_  Resident alien

Primary reason(s) for exchange - check all applicable

access different courses/faculty

evaluate graduate schools

live in a different area

personal growth

participate in host campus international program

enter host campus honors program

exchange as a resident assistant

language study

look for future employment

other: \_\_\_\_\_

(over)



**FINANCIAL PLANNING**

How do you plan to finance your NSE study? Please estimate your anticipated resources and expenses. Use your first choice school as your model.

**RESOURCES**

\$ \_\_\_\_\_ Personal Savings  
 \$ \_\_\_\_\_ Parental Support  
 \$ \_\_\_\_\_ Grants  
     \$ \_\_\_\_\_ Pell  
     \$ \_\_\_\_\_ UNI  
     \$ \_\_\_\_\_ SEOG  
     \$ \_\_\_\_\_ IMAGES  
     \$ \_\_\_\_\_ Miscellaneous Grants  
 \$ \_\_\_\_\_ Loans  
     \$ \_\_\_\_\_ Subsidized Stafford  
     \$ \_\_\_\_\_ Unsubsidized Stafford  
     \$ \_\_\_\_\_ Perkins  
     \$ \_\_\_\_\_ PLUS  
     \$ \_\_\_\_\_ Other: \_\_\_\_\_  
 \$ \_\_\_\_\_ Scholarships  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_ Did not apply for financial aid

**EXPENSES**

NOTE: Your estimated resources should be equal to or larger than your estimated expenses. Your resources and expenses may be figured using one semester or two semesters. However, if resources listed are for two semesters, then expenses must be figured for two semesters, also.

Do you plan to live on-campus?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\$ \_\_\_\_\_ Tuition and fees (UNI)  
 \$ \_\_\_\_\_ Room /Board  
 \$ \_\_\_\_\_ Transportation  
 \$ \_\_\_\_\_ Books  
 \$ \_\_\_\_\_ Travel/Trips  
 \$ \_\_\_\_\_ Miscellaneous (Entertainment, laundry, haircuts, toothpaste, souvenirs, etc.)

\$ \_\_\_\_\_ **ESTIMATED TOTAL RESOURCES**

\$ \_\_\_\_\_ **ESTIMATED TOTAL EXPENSES**

**SPECIAL CIRCUMSTANCES**

Do you have any physical handicaps or emotional problems which would require special consideration or facilities by the host institution? \_\_\_ No \_\_\_ Yes (If so, please attach a separate sheet indicating the nature and extent of the problem.)

Are there circumstances, such as grades or finances, which might cause you to drop out of the exchange program? \_\_\_ No \_\_\_ Yes (If so, please attach a separate sheet describing such circumstances. To apply and then drop out of the program may prevent another qualified person from exchanging.)

**ADVISOR'S SIGNATURE IS REQUIRED**

I support my advisee's plans to participate in the National Student Exchange Program.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Advisor's Name \_\_\_\_\_ Department \_\_\_\_\_

*A \$150 application fee must accompany this form. Please make your check payable to UNI/NSE. This fee is NOT refundable.*