

NATIONAL STUDENT EXCHANGE PROGRAM APPLICATION

(please type or print all information)

Name _____ Local Phone _____

Local Address _____ zip code _____

Home Address _____ zip code _____

Home Phone _____ SS# _____ TCNJ ID # _____

Email _____

Name of

Parent/Guardian _____

Address (if different from home) _____

Date of Birth _____ Citizenship _____ Sex _____

Year in School at Time of Exchange: Fr _____ So _____ Jr _____ Sr _____

Major _____ Cumulative Average _____ (Copy of your latest transcript must be sent)

SCHOOL CHOICES: (list at least three) **Indicate B at A/B schools and B schools:** You are expected to choose plan B placement unless it is not available at the institution of your choice. Please refer to the enclosed **Directory of Exchange Opportunities**, or log on to www.nse.org.

Plan **A:** pay tuition, fees, room and board to host institution directly.

Plan **B:** pay tuition and fees to TCNJ. While attending the host school, room and board is paid directly to the host institution.

More information on Plan A and B can be found at www.nse.org.

Choices/Plan	Term of Exchange							A	B
	Fall S	Spring S	Year	Fall Q	Winter Q	Spring Q			
1.									
2.									
3.									
4.									
5.									

1. Note any restrictions, including physical activity or diet, imposed by physician, religion, parents or self.

2. If you are in a scholarship or tuition assistance program which will apply to the term of Exchange, please identify:

EOF _____ PELL _____ GSL _____ SEOG _____
GSS _____ TAG _____ NDSL _____ OTHER _____

3. Name of Advisor: _____ Department: _____

I understand that participation in any of The College of New Jersey study away program carries with it the responsibility to conform to the academic standards, requirements, and regulations of the host institution, and to respect the interests of all the people with whom I am involved in the college. I understand further that, upon completion of the exchange experience I may be asked to give my time and services to the Student Exchange Organization and/or the Office of International and Off-Campus Programs and Summer School for such activities as participation in Student Exchange projects, promotion of the study away programs, etc.

I certify that I have not, to the best of my knowledge, misrepresented any information supplied in this application.

Date: _____ Student's Signature: _____

I am aware of the fact that my son/daughter, _____, plans to participate in the National /Student Exchange Program for the period _____.

I am aware of the nature of the program. My son/daughter is covered under the following medical insurance:

Parents/Guardians' name

Date

Signature

PLEASE INCLUDE A PHOTOCOPY OF INSURANCE CARD

Note: It is recommended that the student purchase medical insurance available on the host campus.