

FACULTY RESOURCE NETWORK
Student Exchange Program
Application

New York University



New York University
Spring 2009

APPLICATION DEADLINE: **Wednesday, October 15, 2008**

PLEASE CHECK THE COLLEGE TO WHICH YOU ARE APPLYING (if you are considering more than one school, please rank your choices in order of preference):

- _____ MOREHOUSE COLLEGE, ATLANTA, GEORGIA
- _____ SPELMAN COLLEGE, ATLANTA, GEORGIA
- _____ UNIVERSITY OF PUERTO RICO, RIO PIEDRAS
- _____ UNIVERSITY OF THE SACRED HEART, PUERTO RICO
- _____ XAVIER UNIVERSITY OF LOUISIANA (New Orleans)

NAME OF APPLICANT: _____

NYU NET ID # _____ DATE OF BIRTH: ____/____/____ SEX: M ___ F ___

CURRENT ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____ PHONE #: (____) _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____ PHONE #: (____) _____

EMAIL ADDRESS: _____

U.S. CITIZEN: ____ U.S. RESIDENT: ____ NON-IMMIGRANT: ____ VISA STATUS: _____

PARENT/GUARDIAN: _____

ADDRESS (if different from above): _____

CITY: _____ STATE: ____ ZIP: _____ PHONE #: (____) _____

CURRENT LEVEL OF STUDY IS: SOPHOMORE ____ JUNIOR ____ OTHER _____

MAJOR/FIELD(S) OF STUDY: _____ MINOR/FIELD(S) OF STUDY: _____

OVERALL GPA: _____

IF YOU HAVE ATTENDED ANY OTHER COLLEGES AND UNIVERSITIES, PLEASE LIST THEM HERE, AND **PROVIDE TRANSCRIPTS** (unofficial transcripts may be sent with application):

DATES OF ATTENDANCE

NAME AND ADDRESS OF INSTITUTION

HAVE YOU RECEIVED ANY SCHOLARSHIPS, AWARDS, OR HONORS? PLEASE LIST.

HAVE YOU PARTICIPATED IN ANY EXTRACURRICULAR ACTIVITIES OR ORGANIZATIONS ON CAMPUS OR IN THE COMMUNITY? PLEASE LIST.

STATEMENT OF PURPOSE: PLEASE WRITE A BRIEF ESSAY OUTLINING YOUR REASONS, BOTH ACADEMIC AND PERSONAL, FOR WISHING TO BE AN EXCHANGE STUDENT AND THE REASONS FOR YOUR SCHOOL SELECTION. PLEASE ALSO TELL US ABOUT YOURSELF AND ANY SPECIAL INTERESTS OR HOBBIES YOU MAY HAVE. ATTACH SEPARATE SHEETS AS NEEDED.

LETTERS OF RECOMMENDATION: PLEASE PROVIDE THE NAMES AND CONTACT INFORMATION OF TWO FACULTY ADVISORS AND/OR INSTRUCTORS WHO ARE FAMILIAR WITH YOUR ACADEMIC INTERESTS AND ABILITIES.

COURSE SELECTION FORM: PLEASE REVIEW THE APPROPRIATE COURSE BULLETIN FOR THE SCHOOL YOU WOULD LIKE TO ATTEND, AND COMPLETE THE ATTACHED COURSE SELECTION FORM. INDICATE COURSES IN WHICH YOU WOULD LIKE TO ENROLL, IN ORDER OF PREFERENCE.

APPLICANT'S SIGNATURE: _____ DATE: _____

ADVISOR'S SIGNATURE: _____ DATE: _____

COORDINATOR'S SIGNATURE: _____ DATE: _____

**FACULTY RESOURCE NETWORK
STUDENT EXCHANGE PROGRAM**

**COURSE SELECTION FORM
FOR
PROSPECTIVE EXCHANGE STUDENTS**

PLEASE REVIEW THE APPROPRIATE COURSE BULLETIN FOR THE SCHOOL YOU WOULD LIKE TO ATTEND. COURSE INFORMATION IS AVAILABLE FROM YOUR SCHOOL'S STUDENT EXCHANGE PROGRAM COORDINATOR (SEE LIST FOLLOWING INSTRUCTIONS) AND ADDITIONAL INFORMATION IS AVAILABLE ONLINE AT:

Morehouse College: http://www.morehouse.edu/admissions/coursecatalog/pdf/2006-2008_Course_Catalog.pdf

Spelman College: www.spelman.edu

Xavier University of Louisiana: www.xula.edu/catalog/index.html

University of Puerto Rico, Rio Piedras: www.uprrp.edu

University of the Sacred Heart in Puerto Rico: <http://catalogo.sagrado.edu>

PLEASE LIST COURSES IN WHICH YOU WOULD LIKE TO BE ENROLLED (IN ORDER OF PREFERENCE).

PREFERRED COURSES:

	COURSE NUMBER	COURSE TITLE	NUMBER OF POINTS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

ALTERNATE COURSES:

	COURSE NUMBER	COURSE TITLE	NUMBER OF POINTS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

NOTE: THIS FORM IS NOT A COURSE REGISTRATION FORM AND DOES NOT GUARANTEE ACCESS TO THE ABOVE LISTED CLASSES. STUDENTS ACCEPTED INTO THE EXCHANGE PROGRAM WILL SELECT AND REGISTER FOR CLASSES IN CONSULTATION WITH THEIR ADVISORS IN THE FALL PRIOR TO THE START OF SPRING TERM.

**FACULTY RESOURCE NETWORK
STUDENT EXCHANGE PROGRAM
NEW YORK UNIVERSITY**

CONDITIONS OF STUDENT PARTICIPATION

Please sign your initials by each of the stated conditions, and submit this form with your completed application.

STUDENTS:

1. SHALL REMAIN REGISTERED AT THE HOME INSTITUTION AND PAY TUITION AND FEES (INCLUDING HEALTH INSURANCE WHERE APPROPRIATE) TO THEIR HOME INSTITUTION. _____
2. SHALL HAVE THEIR PROGRAM OF STUDY AT THE HOST INSTITUTION PRE-APPROVED FOR CREDIT BY THE APPROPRIATE DEPARTMENTS AND OFFICERS AT THE HOME INSTITUTION BEFORE BEGINNING THE PROGRAM. _____
3. SHALL LIVE IN COLLEGE RESIDENCE HALLS FOR THE DURATION OF THEIR EXCHANGE AT THE HOST INSTITUTION. _____
4. SHALL BE HELD FULLY RESPONSIBLE FOR ALL CHARGES RELATED TO ROOM AND BOARD, PAYMENT OF WHICH SHALL BE MADE DIRECTLY TO THE HOME SCHOOL. _____
5. SHALL FOLLOW STUDENT REGULATIONS IN EFFECT AT THE HOST INSTITUTION. _____
6. MAY WITHDRAW FROM THE EXCHANGE PROGRAM AT ANY TIME BUT WILL BE SUBJECT TO THE REFUND POLICY OF THE HOME INSTITUTION WITH REGARD TO ROOM, BOARD, AND TUITION AND FEES. _____
7. SHALL BE FULLY RESPONSIBLE FOR MAKING PERSONAL TRAVEL ARRANGEMENTS AND PAYMENT OF ALL TRANSPORTATION CHARGES BETWEEN HOME AND HOST INSTITUTIONS. _____
8. MUST RETURN TO THE HOME INSTITUTION TO COMPLETE COURSE WORK TOWARD THE BACHELOR-LEVEL DEGREE, DURING THE NEXT REGULAR SEMESTER FOLLOWING THE EXCHANGE SEMESTER. _____
9. NO PROVISIONS WILL BE MADE FOR SPOUSES OR DEPENDENTS WITH REGARD TO ROOM, BOARD, OR OTHER SERVICES. _____

**FACULTY RESOURCE NETWORK
STUDENT EXCHANGE PROGRAM
NEW YORK UNIVERSITY
APPLICATION INSTRUCTIONS**

1. COMPLETE THE APPLICATION FORM, AND SIGN IT.
2. PREPARE YOUR STATEMENT OF PURPOSE, OUTLINING IN A BRIEF ESSAY YOUR REASONS FOR WISHING TO BE AN EXCHANGE STUDENT.
3. OBTAIN TWO LETTERS OF RECOMMENDATION FROM FACULTY ADVISORS AND/OR INSTRUCTORS.
4. REVIEW THE APPROPRIATE COURSE BULLETIN OF THE SCHOOL YOU WISH TO ATTEND, AND COMPLETE THE COURSE SELECTION FORM.
5. PROVIDE THE REQUESTED APPROVAL SIGNATURE FROM THE PROGRAM COORDINATOR IN YOUR DIVISION.

**JULIE AVINA, Associate Director , College Advising Center
COLLEGE OF ARTS AND SCIENCE
100 Washington Square East and Silver Center, Room 905
New York, NY 10003-6688
julie.avina@nyu.edu
212-998-8130**

**JUSTIN LORTS, Class Advisor
GALLATIN SCHOOL OF INDIVIDUALIZED STUDY
418 Lafayette, 7th Floor
New York, NY 10003
justin.lorts@nyu.edu
212-998-7333**

**LINDA CHIN, Assistant Director, Office of Undergraduate and Registration Services
STEINHARDT SCHOOL OF CULTURE, EDUCATION, AND HUMAN DEVELOPMENT
Joseph & Violet Pless Hall
82 Washington Square East, Room 228
New York, NY 10003
linda.chin@nyu.edu
212-995-5053**

**DAVID CROFT
TISCH SCHOOL OF THE ARTS
721 Broadway, 12th floor Room 1250B
david.croft@nyu.edu
212-998-1511**

6. REQUEST A COPY OF YOUR CURRENT TRANSCRIPT (AND TRANSCRIPTS FROM OTHER INSTITUTIONS ATTENDED, IF ANY), AND ATTACH TRANSCRIPT(S) TO YOUR APPLICATION.
7. REVIEW AND SIGN THE CONDITIONS OF STUDENT PARTICIPATION FORM.
8. SUBMIT THE APPLICATION FORM, YOUR STATEMENT OF PURPOSE, LETTERS OF RECOMMENDATION, TRANSCRIPTS, COURSE SELECTION FORM, AND CONDITIONS OF STUDENT PARTICIPATION FORM BY WEDNESDAY, OCTOBER 15th, TO:

JULIE AVINA, Ed.D.
Associate Director, College Advising Center
COLLEGE OF ARTS AND SCIENCE
New York University
100 Washington Square East
Silver Center, Room 905
New York, NY 10003-6688
(212) 998-8130
julie.avina@nyu.edu

**** STUDENTS WILL BE NOTIFIED OF THE DECISION REGARDING THEIR APPLICATION BY October 30, 2008. AS A PART OF THE SELECTION PROCESS, STUDENTS MAY BE CONTACTED FOR A TELEPHONE INTERVIEW.**