

**The Consortium for Innovative Environments in Learning (CIEL)**  
Student Exchange Opportunities

The Consortium for Innovative Environments in Learning ([www.cielearn.org](http://www.cielearn.org)) is a growing network of distinguished, progressive higher education institutions. Faculty members share ideas among faculty in the network, broadening their resources for teaching, curriculum development, assessment, and research. The consortium provides for faculty exchanges for up to a year among member institutions. Students present their academic work in the online student journal and at annual symposia, and they can participate in exchanges at CIEL member campuses or in study abroad programs offered through the network. The Consortium also engages in outreach to the higher education community to share best practices in place among the CIEL institutions.

As a benefit of CIEL institutional membership, all regularly enrolled students at CIEL schools are eligible to study at other CIEL member schools for as much as one academic year while paying tuition at their home institutions. Other fees, such as housing and food plans, are determined by the host institution and must be paid accordingly. Please note that some high demand programs may not be open to CIEL exchange students. The campus coordinator of the host institution can inform you of any such local restrictions.

To initiate an exchange and develop a plan of study, contact the campus coordinator of your home campus--the earlier in your planning the better. Your campus coordinator can help you to ensure the transferability of credits and satisfaction of any program requirements at your home campus a necessary step in setting up the exchange.

The Exchange Application Form included here must be completed in the course of your planning, and it will give you a sense of what you need to do to create the exchange.

For more information about CIEL member schools, visit [www.cielearn.org](http://www.cielearn.org).

CIEL Student Exchange Application

<b>Semester:</b> <input type="checkbox"/> Fall _____ (please indicate year) <input type="checkbox"/> Spring _____ (please indicate year)		
<b>Name of Home Institution:</b> _____	<b>First Choice of College:</b> _____	<b>Second Choice:</b> _____

**Personal Information**

Full Name: \_\_\_\_\_

Nickname (If applicable) \_\_\_\_\_ Social Security # (if applicable) \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home University: \_\_\_\_\_ Class Standing:  1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  4<sup>th</sup> Year

Major: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

**Student's Mailing Address at University**

Street Address and/or Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (with area code) \_\_\_\_\_ Cell Phone Number (with area code) \_\_\_\_\_ Email Address \_\_\_\_\_

**Student's Permanent Contact Information** (please indicate an address where you can always be contacted or receive mail)

Street Address and/or Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (with area code) \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ **In the event of an emergency, should this person be contacted?**  Yes  No  
Mother's Name (or Guardian)

Mother's Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (with area code) \_\_\_\_\_ Work Phone Number (with area code) \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ **In the event of an emergency, should this person be contacted?**  Yes  No  
Father's Name (or Guardian)

Father's Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (with area code) \_\_\_\_\_ Work Phone Number (with area code) \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact Information** - Complete this section **only if your parent(s) or guardian is not your emergency contact** (indicated with check-box above).

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

CIEL Student Exchange Application

Student Name \_\_\_\_\_ Home College/University \_\_\_\_\_

**Courses In Progress** List courses in which you are currently enrolled

\_\_\_\_\_  
Dept. or Field Course Title

\_\_\_\_\_  
Dept. or Field Course Title

\_\_\_\_\_  
Dept. or Field Course Title

\_\_\_\_\_  
Dept. or Field Course Title

\_\_\_\_\_  
Dept. or Field Course Title

\_\_\_\_\_  
Dept. or Field Course Title

**Language Skills** List languages in which you consider yourself a native speaker : \_\_\_\_\_

**Previous Language Study** List all languages studied for credit (including high school)

Language: \_\_\_\_\_ Years Studied: \_\_\_\_ - \_\_\_\_ Highest college level completed:  Elementary  Intermediate  Advanced

Language: \_\_\_\_\_ Years Studied: \_\_\_\_ - \_\_\_\_ Highest college level completed:  Elementary  Intermediate  Advanced

Language: \_\_\_\_\_ Years Studied: \_\_\_\_ - \_\_\_\_ Highest college level completed:  Elementary  Intermediate  Advanced

**Information Distribution Waiver** Please check one box for each statement and sign below. If not completed, permission to release this information will be assumed.

- 1. CIEL may distribute my contact information to my fellow program participants before the program.  Yes  No
- 2. CIEL may release information related to my participation on this program to my parent(s) or guardian(s).  Yes  No
- 3. CIEL may release information related to my participation on this program to officials from my home institution (e.g. financial aid officers, study abroad staff, faculty advisors, Student Affairs Office etc.).  Yes  No
- 4. After completing the program, CIEL may distribute my contact information to prospective students who would like  Yes  No
- 5. CIEL may use my written materials from the program for educational development.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Consent:** I confirm that I have read and understood the pertinent regulations and conditions of participation for exchange. I hereby make application to the program listed on this form, and I do so with the understanding that should I accept an offer of admission, I will agree to accept and abide by the conditions of participation and enrollment, and by the regulations of my home institution. I understand that photographs will be taken during program participation and may be used in future publications. I will participate fully in the orientation, all program components and evaluation process, and will observe deadlines for submission of all required materials.

- I further give permission to my university to release my transcripts and information applicable to my suitability for Domestic Exchanges to CIEL.
- I understand that I am required to request that an official transcript be sent from the registrar of my home university to CIEL

Name (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CIEL Student Exchange Application

Student Name \_\_\_\_\_ Home College/University \_\_\_\_\_

Program Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Semester of Participation \_\_\_\_\_

Use this portion of the application to briefly tell us about yourself. Be as informative as you can, but confine your remarks to the space provided. Thank you.

Briefly describe yourself (personality, strengths, accomplishments, hobbies):

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Briefly describe your family (occupations, interests):

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Briefly describe your home community:

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Briefly describe any experience where you had to adapt to unfamiliar circumstances:

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**ESSAY TOPICS:**

On a separate piece of paper, please respond to each of the following questions with one or two typewritten paragraphs for each topic. Essays that fail to respond to each of the topics listed below or with numerous spelling and grammar mistakes will be returned for a re-write.

1. Discuss your educational and personal goals. Demonstrate your preparation for this experience with courses you have taken, books you have read, etc. Describe how you plan to follow up on this experience upon your return to campus or in your future career.
2. Consider the structure of the program you have chosen. It is very important that the structure of the program matches your educational goals and expectations. How is the structure of this program a good fit for you?
3. Explain your interest in the location and/or academic theme of the program.
4. Describe an intercultural experience you have had (i.e. an experience where you have had to adapt to unfamiliar people, customs, foods, environments, etc.). What did you learn from this experience? What do you think will be your biggest challenge in adapting to the culture where you have chosen to study and how do you plan to meet this challenge?

CIEL Student Exchange Application

**Dormitory Housing Request Form**

Student Name \_\_\_\_\_  
Home College/University \_\_\_\_\_

All dormitory rooms are double. You will be assigned a host student as a roommate. Your room will have a bed, mattress, desk, chair, shelves, closet and drawers. Each corridor in the dorms is supervised by an R.A (Resident Advisor) who can assist you with your dormitory housing.

Name \_\_\_\_\_ Date \_\_\_\_\_

Nationality \_\_\_\_\_ Native language \_\_\_\_\_

Year of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you live with people who smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your room: always neat and clean \_\_\_\_\_ moderately clean \_\_\_\_\_ occasionally clean \_\_\_\_\_

Do you like: to get up early \_\_\_\_\_ to stay up late \_\_\_\_\_

Do you like: to study without noise \_\_\_\_\_ to study with music/noise \_\_\_\_\_  
to study in your room \_\_\_\_\_ to study in the library or study rooms \_\_\_\_\_

Do you like: to play your music softly \_\_\_\_\_ moderately \_\_\_\_\_ loudly \_\_\_\_\_

Please highlight the most important qualities you would like in a roommate:

fun \_\_\_\_\_ outgoing/social \_\_\_\_\_ studious \_\_\_\_\_  
serious \_\_\_\_\_ non-drinker \_\_\_\_\_ religious \_\_\_\_\_ other: \_\_\_\_\_

What are your hobbies or interests?

\_\_\_\_\_

What kind of music do you like?

\_\_\_\_\_

Do you have any medical problems that we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

Do you have any dietary(food) restrictions that we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

When you arrive, will you have health insurance that will cover you? Yes \_\_\_\_\_ No \_\_\_\_\_

## CIEL Student Exchange Application

CIEL does not discriminate on the basis of disability in the administration of its admission policies, educational policies, or other College-administered programs. However, possibilities for reasonably accommodating students with physical, medical, psychological or learning disabilities may be limited. The ability of CIEL to offer reasonable accommodation to students with disabilities or special needs on exchange is addressed on a case by case basis. If you have a physical, medical, psychological, or learning disability, or there are any other factors for which you may require reasonable accommodation, it is essential that you clearly state this information on the form below. We will discuss your case with you, request additional documentation or information if necessary, and make an assessment of what reasonable accommodations can be made to meet your needs while on exchange. You can then make an informed decision about the viability of your participation.

Please check one of the boxes below:

- Yes, I have a physical, medical, psychological, or learning disability for which I will or may require reasonable accommodations in my exchange program.
- No, I do not have any physical, medical, psychological, or learning disability or any other condition for which I will require reasonable accommodation in my exchange program.

If you checked the yes box above, specifically what accommodation are you requesting? Please describe in detail the nature of your disability or special need. Continue on the back of this form if you need more space to write.

How do you anticipate your disability or special needs will impact your participation on the program?

What accommodations are currently provided by your home university to meet your special needs? Please note that the CIEL exchange College may not be able to provide a similar level of reasonable accommodation.

**I give permission to my university to release information to CIEL about the disability, accommodations or special needs I have identified above. I have read and understood this form in its entirety and certify that the information I have provided is true.**

**Print Name** \_\_\_\_\_ **Signed at** \_\_\_\_\_

(Please indicate city and state/province.)

**Signature** \_\_\_\_\_

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