

CASE WESTERN RESERVE UNIVERSITY FISK UNIVERSITY EXCHANGE

FORM 1

FOR OFFICE USE ONLY:

APPROVED ___/___/___

NOT APPROVED ___/___/___

Judicial Affairs ___/___/___

Exchange Adviser ___/___/___

PERSONAL INFORMATION

Mr./Ms. First Name Middle Name Last Name

CWRU Student ID # E-Mail

Campus Address Permanent Address

City, State Zip Code City, State Zip Code

Date of Birth: ___/___/___ Campus /Cell Phone: _____ Home Phone _____

For Non-U.S. Citizens: ___ Visa Type Expiration Date: ___

Entered CWRU: Fall 20___ Spring 20___ as a First Year as a Transfer/Binary

Graduation Date: _____

Are you a dependent of a CWRU employee and eligible for a tuition fee waiver? _____

ACADEMIC INFORMATION

Declared major(s) Advisor(s)

Cumulative Grade Point Average: _____ Hours earned at the end of the current semester: _____

STATEMENT OF PURPOSE

I am applying to participate in the CWRU-Fisk University Exchange Program for

Fall semester 20___ Spring semester 20___

Please write about your reasons for wanting to study at Fisk University, and about how your proposed studies at Fisk fit into your academic plan at Case (please attach additional sheet).

CASE WESTERN RESERVE UNIVERSITY - FISK UNIVERSITY
EXCHANGE PROGRAM APPLICATION (cont.)

CONTACT INFORMATION

If you participate in the CWRU-Fisk University Exchange program:

Emergency Contact (person that Case Western Reserve University may release information to during your absence)

Name: _____ Relationship: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

May Case Western Reserve University release your name and address to present or potential exchange program participants?
YES NO

DISCIPLINARY ACTION

Have you ever been subject to disciplinary action?

In Housing: YES NO

Other: YES NO

If Yes, please describe below:

- I have discussed my proposed program with and received approval from my adviser(s).
- I have read the CWRU-Fisk University Exchange Program general information sheet and understand that as a participant in the program
 - a) I must register at Case for EXCH 2 (12 credits) and will pay tuition to CWRU
 - b) I will pay room and board at the Fisk University rate during the semester of exchange.
- While a participant in the CWRU-Fisk University Exchange Program, I agree to abide by the standards of conduct at Fisk University and understand that if I fail to do so, I may be excluded from the program.
- I understand that to be eligible for a CWRU degree, I must complete at least 60 hours in residence, with 30 of these hours to be completed after having achieved senior status.

Candidate's Signature _____ Date _____

**CASE WESTERN RESERVE UNIVERSITY- FISK UNIVERSITY
EXCHANGE PROGRAM**

PARENTAL/GUARDIAN NOTIFICATION FORM

Student's last name: _____

Student's first name: _____

CWRU Student ID #: _____

I, the undersigned, acknowledge my awareness of the above-named student's application for the CWRU-Fisk University Exchange Program, have read the program's general information sheet and grant my approval for his/her participation.

parent or legal guardian's signature

date

parent or legal guardian's name (printed)

CASE WESTERN RESERVE UNIVERSITY- FISK UNIVERSITY EXCHANGE PROGRAM

Form 3

ACADEMIC ADVISOR/FACULTY RECOMMENDATION FORM

Name of Applicant _____

Reference Requested From _____
(Name) (Department)

SECTION TO BE COMPLETED BY ADVISOR

- How long and in what capacity have you known the applicant? _____

- Please check each line at the appropriate point on the scale to indicate the applicant's rating on the various attributes listed. Please use CWRU students as a reference group.

No Basis for Judgement	Outstanding (tops 5%)	Excellent (top10%)	Good	Average	Below Average
Academic motivation, industry, persistence					
Ability to work independently					
Ability to work with others					
Analytical Ability					
Communication skills - oral					
Communication skills - written					
Self-Confidence					
Emotional Maturity					
Adaptability					
Concern for others					
Energy					
Personal initiative					

- Please use this space and the back of this form to make any additional comments you want to make concerning the applicant's qualifications to participate in the CWRU-Fisk University Exchange Program

- Please check the statement that you feel most accurately reflects your opinion of this student's suitability for the program.

- _____ The student has my strong recommendation
- _____ I cannot recommend this student for the program
- _____ I have minor reservations, but am willing to recommend the student

Signature Title

Campus Address Phone E-mail Address

CASE WESTERN RESERVE UNIVERSITY- FISK UNIVERSITY EXCHANGE PROGRAM

Form 3

ACADEMIC ADVISOR/FACULTY RECOMMENDATION FORM

Name of Applicant _____

Reference Requested From _____
(Name) (Department)

SECTION TO BE COMPLETED BY ADVISOR

3. How long and in what capacity have you known the applicant? _____

4. Please check each line at the appropriate point on the scale to indicate the applicant's rating on the various attributes listed. Please use CWRU students as a reference group.

No Basis for Judgement	Outstanding (tops 5%)	Excellent (top10%)	Good	Average	Below Average
Academic motivation, industry, persistence					
Ability to work independently					
Ability to work with others					
Analytical Ability					
Communication skills - oral					
Communication skills - written					
Self-Confidence					
Emotional Maturity					
Adaptability					
Concern for others					
Energy					
Personal initiative					

5. Please use this space and the back of this form to make any additional comments you want to make concerning the applicant's qualifications to participate in the CWRU-Fisk University Exchange Program

6. Please check the statement that you feel most accurately reflects your opinion of this student's suitability for the program.

- _____ The student has my strong recommendation
- _____ I cannot recommend this student for the program
- _____ I have minor reservations, but am willing to recommend the student

Signature Title

Campus Address Phone Email Address