

# 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**

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
 \_\_\_\_\_
2. 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					

3. 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. 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