



Office of Undergraduate Studies
Case Western Reserve University
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**CASE WESTERN RESERVE UNIVERSITY FRANCES PAYNE BOLTON SCHOOL OF NURSING
AND UNIVERSITY OF HAWAII
EXCHANGE STUDENT APPLICATION**

Application deadlines: Fall Semester — April 1
Spring Semester — Oct. 1

Return applications to: Claudia C. Anderson
Assistant Dean of Undergraduate Studies
Case Western Reserve University
10900 Euclid Ave.
Cleveland, Ohio 44106

Tel: 216.368.2928
Fax: 216.368.4718
Email: claudia.anderson@case.edu

Please complete this application either by typing or printing your answers. You must also submit the following materials:

- A one-page essay in which you state the reasons why you wish to participate in the exchange program
- An official transcript from University of Hawaii
- One faculty recommendation
- TOEFL or IELTS score report (if applicable)

Part One: Personal Information

Name: _____
last first middle

SSN: _____ **Date of Birth (MMDD/YYYY):** _____

Gender: Male Female **Marital Status:** Single Married

Country of Citizenship: _____ **Visa Type (if applicable):** _____

Permanent Address (home):

Phone Number: _____

Address During Academic Year:

Phone Number: _____ **Email:** _____

Entrance Term/Year: Fall _____ Spring _____
(year) (year)

Have you ever applied to or attended CWRU? Yes No

If so, indicate semester/year of study: Fall _____ Spring _____
(year) (year)

What is your native language? _____

If English is not your native language, what is your TOEFL or IELTS score? Please indicate whether the score is for TOEFL or the IELTS. _____

Part Two: Current Program

Academic Major (field, specialty): _____

Academic Advisor: _____ Email: _____

Telephone: _____ Fax: _____

Current Year of Study:

First Year

Second Year

Third Year

Fourth Year

Expected Graduation Date: _____

Part Three: Planned Program of Study at Case Western Reserve University

Please list specific courses in which you wish to enroll. Courses offered at Case Western Reserve are listed at the following website: case.edu/registrar/registration/schedule-of-classes.

Subject	Course Title	Necessary/Optional

My signature below indicates that all the information contained in my application is complete, factually correct, and honestly presented.

Applicant Signature: _____ Date: _____

Advisor Signature: _____ Date: _____