



# WICHITA STATE UNIVERSITY

## INTERNATIONAL STUDENT EXCHANGE APPLICATION

**INSTRUCTIONS:** In order to apply for the International Student Exchange Program, students must complete the following items. Please mail items to Wichita State University's Office of International Education at the address below.

- 1) While on an exchange, students will be required to pay tuition and fees to their home institution; no tuition or fees will be paid to WSU.
- 2) Students must provide health coverage sufficient to meet WSU standards. If students do not have medical insurance when they arrive, medical insurance must be purchased at the University upon arrival.
- 3) Official copies (in English) of all transcripts from all secondary schools, colleges, or universities that you have attended must be included with this application. If the school will not attest an English translation of your transcript, please have them attest an official copy in the original language and send that with an English translation that is attested by the translator. Transcripts from Canadian or U.S. schools must be sent to Wichita State University directly from the school. All transcripts that you submit become the property of Wichita State University.
- 4) Exchange student placements are typically one semester; placements of one year must be negotiated with WSU. An exchange for one year is calculated by WSU as two exchange placements. A home institution can negotiate to send two students for one semester each or one student for two semesters (one calendar year). If a student is on exchange for two semesters they must obtain satisfactory passing grades in their first semester subjects to continue on to the second semester
- 5) Student must enroll in a full-time course of study at Wichita State University. Undergraduate students must register for 12 credit hours, while 9 credit hours is required of Graduate students.
- 6) If English is not your native language, WSU may require a minimum level of English proficiency before you can enroll in academic classes.
- 7) If a student wishes to apply to a regular degree program, he or she will be required to complete the same requirements and application forms as any other international students, and will be required to apply for a change in visa status.

### IMPORTANT INFORMATION:

- 1) Students have full responsibility for the cost of their accommodations and living expenses, unless other arrangements are made in the official agreements.
- 2) Students who wish to stay in WSU housing must apply directly to and pay fees to the department of Housing and Residence Life at Wichita State University.
- 3) Students should arrive on the WSU campus in time to participate in orientation programs scheduled for international students.

## IMPORTANT DATES

	SEMESTER	CLASSES BEGIN	RECOMMENDED DATES OF ARRIVAL	PRIORITY APPLICATION DEADLINE
<b>2005</b>	Spring Semester	January 18	January 9 – 11	November 15, 2004
	Summer Session	June 6	May 29 – 31	April 1, 2005
	Fall Semester	August 18	August 10 – 12	June 15, 2005
<b>2006</b>	Spring Semester	January 17	January 8 – 10	November 15, 2005
	Summer Session	June 5	May 28 – 30	April 1, 2006
	Fall Semester	August 17	August 9 – 11	June 15, 2006
<b>2007</b>	Spring Semester	January 16	January 7 – 9	November 15, 2006
	Summer Session	June 4	May 27 – 29	April 1, 2007
	Fall Semester	August 16	August 8 – 10	June 15, 2007

OFFICE OF INTERNATIONAL EDUCATION | WICHITA STATE UNIVERSITY | WICHITA, KANSAS 67260-0122 USA  
 TELEPHONE: (316) 978-3232 | FAX: (316) 978-3777  
 INTERNET: WWW.WICHITA.EDU/INTERNATIONAL | e-MAIL: STUDYABROAD@WICHITA.EDU



# WICHITA STATE UNIVERSITY

## INTERNATIONAL STUDENT EXCHANGE APPLICATION

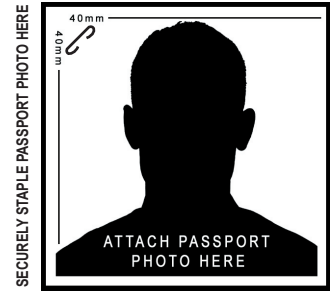
Desired Semester of Study:  Spring Semester, 20 \_\_\_\_ Year  Summer Session, 20 \_\_\_\_ Year

Fall Semester, 20 \_\_\_\_ Year  Academic Year, 20 \_\_\_\_ Year — 20 \_\_\_\_ Year

Gender:  Male  Female Marital Status:  Single  Married

Full Name as listed  
in your passport:

\_\_\_\_\_  
Last Name / Family Name / Surname First Name / Given Name Middle Name (if any)



MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PERMANENT ADDRESS  
IN YOUR COUNTRY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ or \_\_\_\_\_

Fax: \_\_\_\_\_

Primary e-mail: \_\_\_\_\_ Second e-mail: \_\_\_\_\_

\_\_\_\_\_  
City and Country of Birth Country of Citizenship

\_\_\_\_\_  
Date of Birth: dd / mm / yyyy Country of Legal Residence

\_\_\_\_\_  
Position or Occupation in Home Country Major(s) / Program of Interest

• **IMPORTANT:** If you already have a passport please list your information below. **PLEASE NOTE:** The name listed on this application should exactly match the name on your passport. If you do not have a passport you must complete your name above as it will likely appear in your passport.

\_\_\_\_\_  
Passport Number Country of Issue

DEPENDENT INFORMATION		
If your spouse and/or children will accompany you to the U.S., please complete the information below regarding your dependents (use additional paper if necessary):		
NAME OF DEPENDENT	DATE OF BIRTH	RELATIONSHIP TO STUDENT
_____ Family Name First Name	_____ dd / mm / yyyy	_____
_____ COUNTRY OF BIRTH	_____ COUNTRY OF CITIZENSHIP	_____

<b>NAME OF DEPENDENT</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO STUDENT</b>
Family Name _____ First Name _____	dd / mm / yyyy _____	
<b>COUNTRY OF BIRTH</b>	<b>COUNTRY OF CITIZENSHIP</b>	
<b>NAME OF DEPENDENT</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO STUDENT</b>
Family Name _____ First Name _____	dd / mm / yyyy _____	
<b>COUNTRY OF BIRTH</b>	<b>COUNTRY OF CITIZENSHIP</b>	
<b>NAME OF DEPENDENT</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO STUDENT</b>
Family Name _____ First Name _____	dd / mm / yyyy _____	
<b>COUNTRY OF BIRTH</b>	<b>COUNTRY OF CITIZENSHIP</b>	

<b>EDUCATIONAL HISTORY</b>	
<p>Are you currently enrolled in a school? <input type="radio"/> YES <input type="radio"/> NO If yes, please include your current school in the educational history section below.  Please list all secondary schools and colleges or universities you have attended or are now attending. List them in order of attendance. Failure to report all colleges and universities attended or the submission of falsified transcripts may result in dismissal. Please enclose official copies of all transcripts or academic records from your current university.</p>	
<b>NAME OF SCHOOL</b>	<b>CITY AND COUNTRY</b>
_____	_____
<b>DATES ATTENDED</b>	<b>DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED</b>
From: _____ To: _____ mm / yyyy mm / yyyy	_____
<b>NAME OF SCHOOL</b>	<b>CITY AND COUNTRY</b>
_____	_____
<b>DATES ATTENDED</b>	<b>DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED</b>
From: _____ To: _____ mm / yyyy mm / yyyy	_____
<b>NAME OF SCHOOL</b>	<b>CITY AND COUNTRY</b>
_____	_____
<b>DATES ATTENDED</b>	<b>DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED</b>
From: _____ To: _____ mm / yyyy mm / yyyy	_____
<b>NAME OF SCHOOL</b>	<b>CITY AND COUNTRY</b>
_____	_____
<b>DATES ATTENDED</b>	<b>DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED</b>
From: _____ To: _____ mm / yyyy mm / yyyy	_____

Financial support for my studies will be provided by one or more of the following means.

- U.S. Government      US\$ \_\_\_\_\_ per semester / year      \_\_\_\_\_  
Please Identify U.S. Government Support
- International Organization      US\$ \_\_\_\_\_ per semester / year      \_\_\_\_\_  
Please Identify International Organization
- Government of Home Country      US\$ \_\_\_\_\_ per semester / year      \_\_\_\_\_  
Please Identify Financial Assistanceship
- Personal Funds      US\$ \_\_\_\_\_ per semester / year      \_\_\_\_\_
- Other      US\$ \_\_\_\_\_ per semester / year      \_\_\_\_\_  
Please Identify Other Means of Financial Support

• **IMPORTANT:** I understand that I must have a medical insurance policy (insurance can be purchased at WSU). I also understand that I will have a tuberculin skin test after my arrival at the University. In addition, I verify that the above information is true and complete.

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

\_\_\_\_\_

**DATE: dd / mm / yyyy**

Applicant must have approval of the International or Study Abroad Office at their home Institution before admission can be determined.

Approval Officer's Name: \_\_\_\_\_  
Last Name / Family Name / Surname First Name / Given Name

\_\_\_\_\_  
Approval Officer's Signature Date: dd / mm / yyyy

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ or \_\_\_\_\_

Fax: \_\_\_\_\_

Primary e-mail: \_\_\_\_\_ Second e-mail: \_\_\_\_\_

**PLEASE RETURN YOUR APPLICATION TO:**

Study Abroad  
Office of International Education  
Wichita State University  
Wichita, Kansas 67260-0122  
USA