#### **WELLESLEY COLLEGE**

## **International Student Exchange Program**

Application Form 2012-13

### APPLICATION INSTRUCTIONS AND CHECKLIST

DEADLINE: March 15 for fall admission; October 1 for spring admission

This application form and instructions may be used by students who have been nominated by their home institution for participation in the Wellesley College exchange program. The application consists of this form and the supplemental documents, which appear in the *Applicant Checklist* to your right. The application will not be considered complete until <u>all</u> parts of the application are received by the **Office of International Study** at Wellesley College. It is the student's responsibility to ensure that all appropriate materials and documents are sent to Wellesley College by the stated deadlines.

#### Application materials should be mailed to:

Office of International Study Wellesley College 106 Central St. Wellesley, MA 02481 USA

#### APPLICANT CHECKLIST

Please keep copies of your submitted application, forms and documents.

- ☐ Complete the application form contained in this document.
- ☐ Submit a copy of the Certification of Finances (COF) form and copies of any financial support documents (retain original documents for visa interview.)
- ☐ Submit a copy of your passport identification page.
- ☐ Submit an official transcript for all previous university course work, with an English translation, if applicable.
- ☐ Submit a copy of your home university exchange application, if applicable.
- ☐ Provide proof of proficiency in English (for non-native English speakers only.)

## **SPECIAL CONSIDERATIONS**

Before filling out this application, please read about the special considerations related to your pending exchange:

- Exchange students enter the U.S. in J-1
   Exchange Visitor status. Once they have completed the application process and submitted all the documents required for admission, the Slater International Center at Wellesley College will issue the appropriate immigration document (Form DS-2019). Students will have to apply for a visa at the nearest U.S. Embassy or consulate in their home country. Instructions on the procedures will be sent with the Form DS-2019.
- Exchange students are required to purchase the Wellesley College Health Insurance Plan unless they can provide proof that they are covered by a U.S. based insurance company that meets Department of State requirements and Massachusetts State law.
- Exchange students will be provided with housing on campus during both the fall and spring semesters. Full year students may be accommodated between semesters, but must make a special request and be approved by the Slater International Center.

# APPLICATION FOR ADMISSION TO THE WELLESLEY COLLEGE EXCHANGE PROGRAM

## PERSONAL DATA

Legal name	1 - 4 /6	That .	Middle
Enter name <u>exactly</u> as it appear Permanent home add		amily First	Middle
Termanent nome add	Number and street		
City or town	State or province	Country	Postal Code
If different from above, ple	ase give your mailing address for	r all admissions correspondence t	from this point forward.
Mailing address			
	Number and street		
City or town	State or province	Country	Postal Code
This address will be good for	rom to mm/yyyy mm/yyyy		
Talambana musabana	11111/ уууу 11111/ уууу		
Telephone numbers	Permanent phone number	Phone at mailing add	dress
Email	,	Ü	
Lindii	Primary email address	Secondary email add	dress
Gender □male	a famala	Country of citizenship	
- defider - mail	e 🗆 female	Country of Citizenship	
Place of birth		Date of birth	
	ountry	month/c	day/year
Passport information	Number	Expiration	Place of issue
Financia and a subsect	Number	Expiration	Tidde of issue
Emergency contact	Name	Relationship to you	Contact phone number
Please indicate any p at Wellesley College:	hysical or other needs you	have which may necessita	te special arrangement or facilities
EDUCATIONAL DATA  My term(s) of study will be:  Home university		□ Spring 2013 (Jan-May)	□ Academic Year 2012-2013 (Aug 2012-May 2013)
	Name		Years of attendance
Major/concentration in home country		Degre	ee
Home university coord	dinator		
	Name	Email	
Test scores (if applicable)			
	TOEFL/IELTS	GMAT	
Language proficiencie	es		
	First language	Second language	Third language

#### **COURSE PREFERENCES**

Signature

Please review the course catalog at <a href="www.wellesley.edu/Courses/home.html">www.wellesley.edu/Courses/home.html</a> to become familiar with the courses that will be on offer during your semester/year at Wellesley. Please pay careful attention to course prerequisites and whether the course is offered in the fall or spring semester. A standard course load at Wellesley College is four courses per semester (with one Wellesley unit the equivalent of 4 credit hours or 7.5 ECTS credits).

Please indicate your four first choice Wellesley courses and four alternates below:

Course Name & Number	Alternate Course			
1.				
2.				
3.				
4.				
Please note that final course schedules will be may be asked to revise your course choices on	come available in early April for the fall semester. You nee the final schedule is posted.			
AGREEMENTS Please read the statements below carefully and initial each one on the line provided. Then sign to acknowledge you understand your obligations to the College.				
For all students				
<ul> <li>I agree to abide by the rules and regulations of Wellesley College while I am a participant in the International Student Exchange Program.</li> </ul>				
I agree to meet all financial obligations while I am on exchange and not leave the United States without paying any debts owed to Wellesley College or other entities.				
<ul> <li>I understand that Orientation is an important part of my exchange program and is required for all exchange students. I will make travel arrangements that will allow me to arrive at Wellesley College in time to attend my Orientation program.</li> </ul>				
I will purchase the Wellesley College Health Insurance Plan if I cannot provide Wellesley College with proof that I am covered by a U.S. based insurance company that meets Department of State requirements and Massachusetts state law.				
I am aware that as a full-time student on exchange at Wellesley College I must complete the Health History and Immunization form and submit it to Student Health Services by the required deadline				
I understand my obligations to Wellesley College and certify that the information on this application is correct.				

Full name printed

Date