EXCHANGE APPLICATION CHECKLIST
HOBART AND WILLIAM SMITH COLLEGES

YOUR NAME: _________________________________

SEMESTER/YEAR YOU ARE APPLYING FOR _______________

Deadline for applications: March 1 for Fall, Oct 1 for Spring

I enclose the following to complete my exchange application:

☐ Exchange application form, including personal essay

☐ Faculty Evaluation

☐ University Report, including an official transcript

☐ Declaration of Finances, including bank statements and/or other documentation

__________________________________________________________________________       ____________
Signature                                           Date

Please return all application materials to:

Center for Global Education
Hobart and William Smith Colleges
Trinity Hall
Geneva, NY 14456
U.S.A.
EXCHANGE STUDENT APPLICATION
HOBART AND WILLIAM SMITH COLLEGES

Application Deadline: March 1/Oct 1

PERSONAL DATA

Legal Name _______________________________________________________________________________

Enter name exactly as it appears on passports or other official documents

Last/Family                                            First                                   Middle                      Jr., etc.

Former last name(s) if any _____________________  Gender □ male  □ female

Birthdate _____________    E-mail address________________________________

mm/dd/yyyy

Permanent Home Address ___________________________________________________________________

Number and street

City or town                                            State/Province                                   Country                                     PostalCode

Permanent Home Phone _________________________

If different from above, please give your mailing address for all admission correspondence.

Mailing Address (from ______ to _____ ) ______________________________________________________

mm/yyyy    mm/yyyy    Number and street

City or town                                            State/Province                                   Country                                     PostalCode

Phone at mailing address __________________________          Cell phone _______________________

Citizenship □ US citizen   □ Dual US citizen; please specify other country of citizenship _____________

□ US Permanent Resident visa; citizen of ________________ Alien Registration Number ____________

□ Other Citizenship ______________________________________________________________

Country(ies)                                                                    Visa type

If you are not a US citizen but live in the United States, how long have you been in the country? _____________

Possible area(s) of academic concentration/major ____________________________________ or undecided □

Possible career or professional plans _______________________________________________ or undecided □

The following items are optional. No information you provide will be used in a discriminatory manner.

Place of Birth __________________________________________________________________________

City                                                State/Province                                                    Country

First language, if other than English _____________________ Language spoken at home ___________________

If you wish to be identified with a particular ethnic group, please check all that apply

□ African American, Black    □ Mexican American, Chicano

□ Native American, Alaska Native (tribal affiliation ____________ enrolled _____) □ Native Hawaiian, Pacific Islander

□ Asian American (countries of family’s origin_____________________________ ) □ Puerto Rican

□ Asian, including Indian Subcontinent (countries __________________________ ) □ White or Caucasian

□ Hispanic, Latino (countries __________________________ ) □ Other (specify _______________ )
EDUCATIONAL DATA
University you now attend (or from which you graduated) _________________________________ Date of Entry __________

Permanent Home Address _________________________________________________________ CEEB/ACT code _________

Number and street

City or town  State/Province  Country  Postal Code

Exchange Coordinator’s Name _________________________________ Coordinator’s Email __________________________

Position _____________________________ Phone _______________________ Fax __________________________

List all colleges/universities at which you have taken courses for credit. You must enclose an official transcript for each institution.

<table>
<thead>
<tr>
<th>Name of College/University &amp; CEEB/ACT Code</th>
<th>Location (City, State/Province, Postal code, Country)</th>
<th>Dates Attended</th>
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<tbody>
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</tbody>
</table>

Name of Secondary School from which you graduated __________________________________________________________

Name of Diploma _________________________________________ Date received __________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

TEST INFORMATION
ONLY the TOEFL test is required for admission (if your first language is not English). If you’ve taken or plan to take the exams below, please provide details. The official scores from the appropriate testing agency must be submitted to us.

Test of English as a second language
(TOEFL or other exam i.e. IB English, GCSE English – Higher Level)

<table>
<thead>
<tr>
<th>Test to be taken</th>
<th>Score</th>
<th>Test to be taken</th>
<th>Score</th>
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</table>

EMERGENCY CONTACT
Please list the person who should be contacted in case of emergency.

Name _________________________________ Gender □ male □ female

Last/Family  First

Relationship to you _______________________________

Home address if different from yours __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
EMERGENCY CONTACT (continued)

E-mail _________________________________
Home phone _________________________________
Cell phone _________________________________
Work phone _________________________________
Work E-mail _________________________________

EXTRACURRICULAR, PERSONAL AND VOLUNTEER ACTIVITIES
Please list your principal extracurricular activities below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>______________________</td>
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</tr>
</tbody>
</table>

ACADEMIC HONORS
Briefly list or describe any of your scholastic distinctions or honors.

____________________________________________________________________________________
____________________________________________________________________________________

WORK EXPERIENCE
List any job (including summer employment) you have held during the past three years.

<table>
<thead>
<tr>
<th>Specific nature of work</th>
<th>Employer</th>
<th>Approximate dates of employment</th>
<th>Approximate no. of hours/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
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</tbody>
</table>
SHORT ANSWER
Please describe which of your activities (extracurricular activities or work experience) has been most meaningful and why (150 words or less).

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

PERSONAL ESSAY
This personal statement helps us become acquainted with you in ways different from courses, grades, test scores and other objective data. It will demonstrate your ability to organize thoughts and express yourself. We are looking for an essay that will help us know you better as a person and as a student. Please write an essay (250-500 words) addressing ONE of the questions below:

1. A range of academic interests, personal perspectives and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community, or an encounter that demonstrated the importance of diversity to you.

OR

2. How will participation in this exchange program help you meet your academic goals? How does it relate to your degree requirements? Why did you choose HWS for your exchange experience?

Attach your essay on a separate sheet(s). You must put your full name, date of birth and name of your home university on each sheet.

REQUIRED SIGNATURE
I certify that all information in my application, including my personal essay, is my own work, factually true and honestly presented.

Signature ___________________________ Date __________________________

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Please return all application materials to:

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Hobart and William Smith Colleges
Trinity Hall
Geneva, NY 14456, U.S.A.

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TO THE APPLICANT
Please fill in the information below and give this form to a faculty member who has taught you an academic subject.

Birthdate ___________________   Gender ☐ male ☐ female
mm/dd/yyyy

Student Name__________________________________________________________________
Last/Family                                    First                                   Middle

Address_______________________________________________________________________
Number and Street                                      City or Town                   State/Province
______________________________________________________________________________
Country                                                            Zip code or Postal Code

University you now attend________________________  CEEB/ACT code_________________

TO THE PROFESSOR
The selection committee finds candid evaluation helpful in choosing among highly qualified candidates. We are primarily interested in what academic and personal qualifications the applicant has that would make him or her an appropriate candidate for participating in an exchange program.

A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. We are grateful for your assistance. Be sure to sign below then return this form to the student in a sealed envelope.

Professor’s Name_____________________________    Position__________________________
Please print or type

University & Department_________________________________________________________

University Address______________________________________________________________

Professor’s Phone ______________________________________   Date__________________

Signature___________________________________________ Date ______________________

BACKGROUND INFORMATION

How long have you known this student and in what context? ______________________________

What are the first words that come to mind to describe this student? _______________________

List the courses you have taught this student, the student’s year in school and level of difficulty
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

EVALUATION
Please write (or attach on a separate sheet) what you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate’s intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

RATINGS
Compared to other students in his or her class year, how do you rate this student in terms of:

<table>
<thead>
<tr>
<th>No basis</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very Good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the top few encountered in my career</th>
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<tr>
<td>Creative, original thought</td>
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<td>Motivation</td>
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<td>Self-confidence</td>
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<td>Independence and initiative</td>
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<td>Intellectual ability</td>
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<td>Academic achievement</td>
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<td>Written expression of ideas</td>
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<td>Effective class discussion</td>
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<td>Disciplined work habits</td>
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<td>Potential for growth</td>
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CONFIDENTIALITY
We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student’s file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and privacy Act of 1974, matriculating students do have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.
UNIVERSITY REPORT - HOBART AND WILLIAM SMITH COLLEGES

TO THE APPLICANT

Please fill in the information below and give this form to your academic advisor or exchange coordinator.

Birthdate ___________________    Gender  □ male  □ female

Student Name__________________________________________________________________

Last/Family                                    First                                   Middle

Address_______________________________________________________________________

Number and Street                                      City or Town                   State/Province

______________________________________________________________________________

Country                                                            Zip code or Postal Code

University you now attend________________________  CEEB/ACT code_________________

Current year courses – please indicate title, level (AP, introductory, advanced honors, etc) and credit value of all courses you are taking this year.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Course level</th>
<th>Credit value</th>
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TO THE ADVISOR OR EXCHANGE COORDINATOR

Please attach the applicant’s official transcript, including courses in progress, a school profile and transcript legend. After filling in the blanks below, please use both sides of this form to describe the applicant. Please provide all available information for this candidate. Be sure to sign below then return this form and the transcript to the student in a sealed envelope.

Class rank _________ in a class of _______, covering period from ___________ to ___________, mm/yyyy         mm/yyyy

The rank is □ weighted  □ not weighted. Please indicate rank to the nearest tenth from the top _______

Cumulative GPA ________ on a _________ scale, covering period from ___________ to ___________, mm/yyyy         mm/yyyy

The GPA is □ weighted  □ not weighted. The School’s passing mark is __________

In comparison with other university students at our school, the applicant’s course selection is

□ extremely demanding  □ very demanding  □ demanding  □ average  □ less than demanding

Student’s expected graduation date _________________

Advisor’s/Coordinator’s Name_______________________________ Position _________________________

Signature_________________________________________ Date ____________________________

University Name __________________________ Advisor’s/Coordinator’s email ______________________

Advisor’s/Coordinator’s Address______________________________________________________________

Advisor’s/Coordinator’s Phone ___________________________ Fax ______________________
EVALUATION
Please write (or attach on a separate sheet) what you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate’s intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

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<th>Outstanding (top 5%)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Academic achievement</td>
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<tr>
<td>Extracurricular accomplishments</td>
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<td>Personal qualities and character</td>
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<td>Creativity</td>
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</tbody>
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DECLARATION OF FINANCES
HOBART AND WILLIAM SMITH COLLEGES

Exchange student tuition fees are waived but you must provide documentation to show that you have adequate personal resources to cover room, board, books and health insurance (at least $6,000 per semester). A Certificate of Eligibility (I-20 or IAP-66) will not be issued until this form is completed and returned to our office with all the necessary supporting documentation, including a bank statement. Please keep a photocopy of this form and all supporting materials to bring to the U.S. Consulate when applying for your visa.

STUDENT'S PERSONAL INFORMATION

Name ________________________________________________________________
    first                 middle                 last (family name)

Home address ___________________________________________________________
_______________________________________________________________________

Mailing address (if different than above) ___________________________________
_______________________________________________________________________

Date of birth __________________________ mm/dd/yyyy

Place of birth __________________________________________________________

Country of citizenship _________________________________________________

Gender □ male    □ female

Expected visa status □ Student
  □ Exchange visitor
  □ Immigrant
  □ Diplomatic or official
  □ Other (specify) _____________________
**FINANCIAL RESOURCES**

Please indicate the sources of your funding for each semester and the amounts available from each source. Funds may come from several sources, if necessary. Amounts should be in U.S. dollars.

<table>
<thead>
<tr>
<th>Source</th>
<th>First Semester</th>
<th>Second Semester</th>
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</thead>
<tbody>
<tr>
<td><strong>Personal Savings</strong></td>
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<tr>
<td>An original bank statement or letter from your bank verifying availability of funds is required.</td>
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<tr>
<td>Bank statement/letter □ is enclosed</td>
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<td></td>
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<tr>
<td>□ will be sent</td>
<td></td>
<td></td>
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<tr>
<td><strong>Parents/Relatives/Personal Sponsors</strong></td>
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<tr>
<td>Name ________________________</td>
<td></td>
<td></td>
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<tr>
<td>Address _____________________</td>
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<td>________________</td>
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<tr>
<td>An affidavit of support is required and must be accompanied by an original bank statement showing parent/relative/sponsor has adequate available financial resources.</td>
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<tr>
<td>Letter of support □ is enclosed</td>
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<tr>
<td>□ will be sent</td>
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<tr>
<td>Bank statement/letter □ is enclosed</td>
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<tr>
<td>□ will be sent</td>
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<tr>
<td><strong>Sponsoring Organization/Employer/Government Agency</strong></td>
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<tr>
<td>Name ________________________</td>
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<td>Address _____________________</td>
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<td>________________</td>
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<tr>
<td>An official copy of the terms of support specifying amounts for all expenses and the length of time covered by the award is required.</td>
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<tr>
<td>Letter showing award terms □ is enclosed</td>
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<tr>
<td>□ will be sent</td>
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</tbody>
</table>

I certify that the total amount (excluding travel funds) available for my semester/year of study at Hobart and William Smith Colleges is U.S. $ __________. In addition, I certify that the information provided above is correct and complete.

Signature ________________________________     Date ____________________