

STUDENT PERSONAL INFORMATION			
CBU STUDENT ID#	CBU PROGRAM	YEAR OF STUDY (eg. first/second)	
FAMILY NAME	FIRST NAME	MIDDLE NAME	
GENDER	BIRTH DATE (dd-mm-yyyy)	EMAIL	S.I.N.
MAILING ADDRESS (current)			
CITY	PROVINCE/STATE & COUNTRY	POSTAL CODE]	
TELEPHONE	BUSINESS PHONE	CELL	
ADDRESS (permanent – if different than above)			
CITY	PROVINCE/STATE & COUNTRY	POSTAL CODE	
EMERGENCY CONTACT INFORMATION (two contacts at different residences)			
NAME (primary contact)		RELATIONSHIP TO STUDENT	
ADDRESS			
CITY	PROVINCE/STATE	POSTAL CODE	COUNTRY
TELEPHONE	BUSINESS	EMAIL	CELL
NAME (secondary emergency contact)		RELATIONSHIP TO STUDENT	
ADDRESS			
CITY	PROVINCE/STATE	POSTAL CODE	COUNTRY
TELEPHONE	BUSINESS	EMAIL	CELL

PRIMARY REASON(S) FOR EXCHANGE – CHECK ALL APPLICABLE

- ACCESS DIFFERENT COURSES/FACULTY
- EVALUATE GRADUATE SCHOOLS
- LIVE IN A DIFFERENT AREA
- PERSONAL GROWTH
- PARTICIPATE IN HOST INTERNATIONAL PROGRAM
- ENTER HOST CAMPUS HONORS PROGRAM
- EXCHANGE AS A RESIDENT ASSISTANT
- LANGUAGE STUDY
- LOOK FOR FUTURE EMPLOYMENT
- OTHER: _____

SCHOLASTIC AND OTHER INFORMATION

CURRENT CLASS LEVEL: 1st year 2nd year 3rd year 4th year

CUMULATIVE GRADE POINT AVERAGE _____

WILL YOU NEED COURSES IN YOUR MAJOR WHILE ON EXCHANGE? YES NO

ARE YOU CURRENTLY RECEIVING FINANCIAL AID? YES NO

WHERE DO PLAN TO RESIDE AT THE EXCHANGE SCHOOL? RESIDENCE HALL OFF CAMPUS

EXCHANGE REQUESTS

LENGTH OF REQUESTED EXCHANGE: ONE SEMESTER ONE YEAR

PERIOD OF REQUESTED EXCHANGE: FALL SEMESTER 20____ WINTER SEMESTER 20____

LIST IN ORDER OF PRIORITY THE INSTITUTIONS YOU WISH TO ATTEND:

NAME AND LOCATION OF INSTITUTION

1. _____
2. _____
3. _____

EDUCATIONAL BACKGROUND

Number of credits completed to date: _____ Number of credits enrolled in current term: _____

Expected graduation date: _____

Do you have any incomplete grades, missing grades, or other deficiencies (e.g. failure to complete required proficiency tests)? YES NO

If yes, please explain: _____

Activities, positions, honors while in university/college: _____

SPECIAL NEED OR CIRCUMSTANCES

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be necessary; a documented disability which may require academic accommodation (e.g. note takers, taped test); a medical condition which might require immediate attention during exchange, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you on the CBU campus. Also indicate if we may contact your requested host campuses at this time. Cape Breton University does not discriminate on the basis of special needs. Your disclosure is invited in order to assist you in identifying a placement site which can provide reasonable accommodation of your needs. Following placement, it is your responsibility to contact the host campus coordinator to determine the deadlines for submission of written, current, and professionally documented information as required by your host campus.

DIETARY CONSIDERATIONS

Do you have food allergies? YES NO
Do you have other dietary requirements? YES NO

OTHER CONSIDERATIONS

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO
ARE YOU ON PROBATION, PAROLE, HAVE ANY LEGAL
JUDGEMENTS PENDING AGAINST YOU EITHER INSIDE OR
OUTSIDE CAMPUS? YES NO

IF YES, PLEASE EXPLAIN _____

ARE YOU CURRENTLY UNDER ANY
CAMPUS DISCIPLINARY ACTION FOR
VIOLATION OF CODES OF ACADEMIC OR
STUDENT CONDUCT? YES NO

IF YES, PLEASE
EXPLAIN _____

DO YOU HAVE ANY OUTSTANDING INDEBTEDNESS TO THE
CAMPUS? YES NO

LANGUAGE PROFICIENCY

WHAT IS YOUR NATIVE LANGUAGE? ENGLISH FRENCH MI'KMAQ OTHER _____

RELEASE OF INFORMATION

You are responsible for specifying the persons or agents who have access to your records; therefore, it is necessary we obtain your permission to request and release information pertinent to your exchange. Please read the following statements and sign below:

- I understand it will be necessary for Cape Breton University to obtain certain information regarding my academic and non-academic record in order to: 1) ascertain my eligibility and suitability for an exchange through CBU and 2) facilitate my exchange after it is arranged. I hereby grant permission to the Exchange Coordinator and/or designate to obtain information appropriate to my application and participation in the exchange; including, but not limited to letters of recommendation, permanent academic records and transcripts, conduct, university financial records - all for the purpose of exchange placement and participation, continuation, or termination.*
- I give permission to the Exchange Coordinator at CBU and/or designate to contact appropriate personnel to verify I am under no disciplinary action for violation of codes or academic and student conduct and/or I have no judicial cases pending which would invalidate my eligibility for exchange.*
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the Student Exchange application process and to the host institution at which I am placed.*

SIGNATURE: _____ **DATE:** _____

OTHER REQUIREMENTS

- I understand that participating in the Student Exchange Program is a privilege and not a right.*
- Submitting an application does not guarantee application acceptance or placement.*
- I must at all times prior to and during my exchange meet the eligibility requirements (academic, behavioural, and financial) of the program and those of my home and host institutions. I understand that failure to do so will result in cancellation of my exchange. If accepted for participation in the Student Exchange Program, I agree to adhere to all rules and regulations of both my home and host institutions. Failure to do so will result in cancellation of my exchange.*

I affirm all information is complete, accurate, and true to the best of my knowledge. I acknowledge I am signing freely, voluntarily, and under no compulsion.

SIGNATURE: _____ **DATE:** _____

PROGRAM OF STUDY STATEMENT

Last name _____ First Name _____

CBU ID# _____ CBU Program of Study _____

Year of Study _____

Proposed list of courses at Exchange Institution:

Example: Business Studies at Limerick (LM050)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

REQUIRED ESSAY

Submit a 2-page essay explaining how going on an exchange will contribute to your personal development.

Acknowledgement of Responsibility & Liability Waiver

**Warning: By signing this document you will waive certain legal rights including the right to sue.
Please read carefully!**

In consideration of being permitted to conduct study/work at/in _____ (Host Institution/Country) by Cape Breton University in Sydney, Nova Scotia, I agree as follows:

1. *I am aware of certain inherent risks, dangers, and hazards to which I may be exposed while participating on this Trip or to this Location, including but not limited to the following:*
 - a. theft, vandalism, or loss of personal property;
 - b. motor vehicle or traffic accidents;
 - c. diseases not common in Canada;
 - d. exposure to wildlife;
 - e. laws different than those in Canada;
 - f. lower medical standards than Canada;
 - g. weather and environmental conditions;
 - h. criminal activity and higher crime rate;
 - i. political unrest, military and/or terrorist activity
2. *I freely and voluntarily accept and assume all such risks, danger, and hazards.*
3. *I acknowledge that I have read the most current Canadian Department of Foreign Affairs and International Trade Travel Report with regard to the country I will be visiting.*

Liability Waiver: *I release and hold harmless Cape Breton University, its employees, students, and agents from any and all liability for any loss, damage, injury, or expense that I or my next of kin may suffer as a result of my participation in this Exchange Program; including, but not limited to accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program.*

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

SIGNATURE OF PARTICIPANT

Signed this _____ day of _____, 20_____

NAME OF WITNESS

SIGNATURE OF WITNESS

This agreement must be signed, dated, and witnessed before the participant may participate in the Exchange Program.

EXCHANGE CHECKLIST

PLEASE SUBMIT COMPLETED APPLICATION TO STEPHANIE MACDONALD – INTERNATIONAL STUDENT ADVISOR IN THE LEARNING COMMONS AND STUDENT LIFE CENTRE (B-134G) BY THE APPROPRIATE DEADLINE FEBRUARY 1ST FOR SEPTEMBER EXCHANGE AND JULY 1ST FOR JANUARY EXCHANGE.

Please tick boxes. An application is not considered complete until all documents listed below have been received. Incomplete applications will **NOT** be considered.

- Application Form** – with all applicable sections completed.
- Official CBU transcript**
- Program of Study Statement completed**
- Essay**
- Summary of Language Skills or Courses Taken** – if applying to a school where classes are taught in a language other than English.
- Proof of Enrolment in Medical Insurance**
- Photocopy of Valid Passport** – Please tick below if you are in the process of applying for or are renewing your passport and be sure to provide a copy of the passport once issued
 - Renewing
 - Applying
- Letter of Permission** – students wishing to take courses at other universities for credit towards their CBU degree must first apply for and be granted a Letter of Permission (signed by Dean).
- Signed Acknowledgement of Responsibility & Liability Waiver**