

**Student Exchange Program Application 2020-2021**
**COVER PAGE**

Last Name:	First Name:
Student Number:	Program of Study:
Email:	Telephone:
<b>Document Checklist:</b>	
<input type="checkbox"/> 1. Completed and Signed Application <input type="checkbox"/> 2. Letter of Intent. This should be approx. 500 words and explain the following: <ul style="list-style-type: none"> <li>▪ The relationship of international/intercultural education to your career goals.</li> <li>▪ Why and how this particular student exchange will be of value to you.</li> <li>▪ What you believe you can contribute to Capilano University as an Ambassador for Study Abroad.</li> </ul> <input type="checkbox"/> 3. Current Resume <input type="checkbox"/> 4. Photocopy of the identification page of your passport <input type="checkbox"/> 5. An official Capilano University academic transcript. Please order this online through your Capilano Student Information Web Service account - issue the transcript to 'Study Abroad' and include Capilano University's mailing address. <input type="checkbox"/> 6. Two Faculty Reference Forms. These forms must be submitted directly to the CIE by the faculty member. <input type="checkbox"/> 7. Academic Program Plan completed by your Academic Advisor (this can be completed before the interview) <input type="checkbox"/> 8. Hard copy mini-portfolio of work (only required for IDEA applicants, will be returned)	
Items 1-4, and 7, 8 should be submitted together as one package to the CIE by the applicant.	
<b>Application Deadlines:</b>	
Semester exchange for REMAINING Spring 2019 spots	Deadline: Monday September 16, 2019 at 4:00PM
Disney International Program for Summer/Fall 2020	Deadline: Sunday December 1, 2019 at 4:00PM
Semester exchange for Fall 2020 and Spring 2021	Deadline: Friday January 31, 2019 at 4:00PM
<b>Please submit completed applications to:</b>	
Centre for International Experience LB 127	Capilano University 2055 Purcell Way North Vancouver, BC V7J 3H5
<b>Interviews:</b> Your interview time will be emailed to you.	
Please list all the general times that you are available during the week:	
Mondays _____	Thursday: _____
Tuesdays: _____	Fridays: _____
Wednesdays: _____	Specific dates N/A _____

<b>FOR OFFICE USE ONLY</b>	
Date received:	Received by:
Interview date:	Interview time:

Notes:

**Student Exchange Program Application 2020-2021**
**APPLICATION FORM**

1. Personal Information	
Last Name:	First Name:
Student Number:	Date of Birth:
Citizenship (List all):	If you are not Canadian, are you a permanent resident of Canada? <input type="checkbox"/> Y <input type="checkbox"/> N
Program of Study:	Expected Completion Date:
2. Contact Information	
Email:	
Cell Phone:	Home Phone:
Address:	
City:	Province:
Postal Code:	Country:
3. Exchange University Request:	
First Choice:	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____
Second Choice:	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____
Third Choice:	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____
4. References	
Please have two faculty members fill out the reference form. These forms should be returned to the Centre for International Experience by the faculty member and not by the student.	
Faculty Member 1:	Department:
Faculty Member 2:	Department:
5. Requirements	
I understand that my eligibility for the Capilano University Student Exchange Program requires me to:	
<input type="checkbox"/> have a cumulative grade point average of 2.67 at time of application <input type="checkbox"/> be enrolled as a full time student (9 credits) at Capilano University at time of application <input type="checkbox"/> have good academic standing and no history of <i>relevant</i> academic or non-academic misconduct (those students with a history may still apply) <input type="checkbox"/> completed a minimum of 60 credits prior to departure (24 credits for the Disney International Program) <input type="checkbox"/> return for at least one major semester (fall or spring) as a full time student	
6. Declaration	
<p>I, the undersigned, certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my nomination and that falsifying documents or information on the application may result in immediate dismissal from the program. Completion of this signed application permits Capilano University to request and/or confirm any information necessary to support my application. I understand that a review of my academic and non-academic conduct records with Student Affairs will be conducted and I consent to this exchange of information for the purposes of ascertaining my qualifications for the Study Abroad program. If I have any question about what will be shared, I can contact Study Affairs directly.</p>	
Applicant Signature:	Date:

**Student Exchange Program Application 2020-2021**
**FACULTY REFERENCE FORM 1**

The student for whom you are filling out this form is applying to go away on exchange. We greatly appreciate your assistance in completing this process. For more information about Capilano University's exchange programs please contact [studyabroad@capilanou.ca](mailto:studyabroad@capilanou.ca) or visit [capilanou.ca/studyabroad](http://capilanou.ca/studyabroad).

**This form is to be returned by the faculty member, not the student, to the Centre for International Experience LB127**

**1. Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student #: \_\_\_\_\_

**2. Faculty Information**

Instructor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. How long and in what capacity have you known this student?**
**4. Please indicate your assessment of the students' competence in the following areas in comparison with other students whom you have known at similar stages in their studies:**

Quality	Poor	Below Average	Average	Above Average	Outstanding	N/A
Self Motivated						
Articulate						
Perceptive						
Adaptable						
Responsible						
Self-reliant						
Interpersonal Skills						
Culturally Curious						
Worldview						
Class Participation						

## Student Exchange Program Application 2020/2021

## FACULTY REFERENCE FORM 1

5. I recommend this student	
In terms of academic ability:	In terms of character:
<input type="checkbox"/> Strongly <input type="checkbox"/> Fairly <input type="checkbox"/> With minor reservation <input type="checkbox"/> I cannot recommend	<input type="checkbox"/> Strongly <input type="checkbox"/> Fairly <input type="checkbox"/> With minor reservation <input type="checkbox"/> I cannot recommend

Please feel free to make additional comments that may contribute to an evaluation of this applicant

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Instructor Signature

Date:

Thank you for providing this reference. Your comments will be very helpful in determining the outcome of this exchange application. If you have any questions, please contact CIE on 604 983 7533 or email [studyabroad@capilanou.ca](mailto:studyabroad@capilanou.ca).

**Student Exchange Program Application 2020/2021**
**FACULTY REFERENCE FORM 2**

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**2. Faculty Information**

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Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. How long and in what capacity have you known this student?**

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Adaptable						
Responsible						
Self-reliant						
Interpersonal Skills						
Culturally Curious						
Worldview						
Class Participation						

**Student Exchange Program Application 2020-2021**
**FACULTY REFERENCE FORM 2**

5. I recommend this student	
In terms of academic ability:	In terms of character:
<input type="checkbox"/> Strongly <input type="checkbox"/> Fairly <input type="checkbox"/> With minor reservation <input type="checkbox"/> I cannot recommend	<input type="checkbox"/> Strongly <input type="checkbox"/> Fairly <input type="checkbox"/> With minor reservation <input type="checkbox"/> I cannot recommend

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Instructor Signature

Date:

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