



3100 Foul Bay Road, Victoria BC V8P 5J2 Canada

# Camosun College Student Exchange Program Winter/Fall 2010

## Application for Camosun College Students

**Application Deadline: October 31, 2009/January 31, 2010**

*Our staff is committed to helping you. If you have problems completing your application, contact us at [studyabroad@camosun.bc.ca](mailto:studyabroad@camosun.bc.ca) or by phone at 250-370-3681.*

*Only completed applications will be accepted. Good luck with your application!*

### **A complete application includes a copy of:**

- Two confidential References
- Biographical Information with two photos (passport sized, signed)
- One Proposed Study Plan
- Most recent academic transcript/record of academic grades showing courses in progress
- Budget Worksheet
- Resume (one page)

Please include:

- Work and volunteer experience
- Hobbies and interests
- Countries lived in 6+ months, with dates
- Experience working/living abroad or in another culture

- Statement of Purpose (one page)

Please include:

- How the exchange would contribute to your academic program, future career, community work and life experiences;
- How you would share your exchange experience the Camosun College community and others when you return;
- How courses taken at the partner universities you have chosen would contribute toward the completion of your program at Camosun College.

### **Freedom of information and protection of privacy**

The information in this form is collected under the authority of the University Act (R.S.B.C. 1979, c. 419), and is needed to process your application. This information will be used to verify qualifications and decide your eligibility for acceptance into the program. If you have any questions about the collection and use of this information contact the Associate Director of Camosun College International, 250-370-3649.

**Please return this completed form, together with all required documents, to:**

Camosun College International

3100 Foul Bay Road

Victoria, BC V8P 5J2

Tel: 250-370-3681 Fax: 250-370-3689

E-mail: [studyabroad@camosun.bc.ca](mailto:studyabroad@camosun.bc.ca)

# Application for Admission as an Exchange Student

Please TYPE or PRINT clearly

A. PERSONAL DETAILS
Surname Name: _____ First Name: _____
Preferred name _____
Previous Surname (if applicable): _____ Student Number: _____
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other (specify) _____ Date of birth (yyyy/mm/dd) _____
Country of citizenship: _____ Primary language: _____
<b>PERMANENT MAILING ADDRESS</b>
Street/number _____
City _____ Province _____ Postal code _____
Telephone* Day _____ Evening _____ E-mail _____
<b>EMERGENCY CONTACT</b>
Name: _____ Relationship to you: _____
Street/number _____
City _____ Province _____ Postal code _____
Telephone* Day _____ Evening _____ E-mail _____
*Please include the country code and area/city code with telephone numbers.

B. DISABILITY INFORMATION (OPTIONAL)
If you require special assistance due to a disability, please provide the following information. This information will be kept confidential and it will not affect your acceptance to the exchange program.
Type of disability: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Reading <input type="checkbox"/> Mobility <input type="checkbox"/> Other
<i>Please attaché a brief statement outlining your needs at the partner institution.</i>

**C. ACADEMIC INFORMATION**

Faculty/area of study at Camosun College: \_\_\_\_\_

Year of study currently completing:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Desired field of study at partner institution: \_\_\_\_\_

Number of semesters you plan to study at partner institution:  one  two

Note: exchange students can attend partner institution for a maximum of two semesters.

In which semester do you plan to begin your study abroad?  Fall  Spring

**D. PARTNER INSTITUTION OPTIONS AND EXCHANGE PERIOD OF STUDY**

List three options in order of preference. Only applications with three partner institutions will be accepted.

Indicate the Camosun College term(s) that you plan to be away on exchange. Please be aware that partner institutions' terms do not always correspond exactly with Camosun College terms.

Partner Institution Options:	Camosun College Term Jan 10 - April 10	Camosun College Term Sep 10 - Dec 10
1 <sup>st</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>

**E. LANGUAGE PROFICIENCY**

Are you planning to take classes taught in a language other than English? Yes  No

If yes, which language(s): \_\_\_\_\_

Which languages do you speak/write other than English?

Language	Spoken			Written		
	Beginner	Intermediate	Advanced	Beginner	Intermediate	Advanced
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We will contact you if a language proficiency interview is required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Approval of the Exchange Advisor at Camosun College**

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Camosun College Student Exchange - Budget Worksheet

- We require a completed budget in order to consider your application. However, financial information will not be used in determining your suitability for exchange.
- Information on this form will not be evaluated for correctness. You are responsible to ensure that you have adequate funds for your exchange.
- Keep in mind that currency exchange rates may fluctuate significantly. Plan emergency funding to help deal with unexpected costs.
- List all amounts in Canadian dollars.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Student Number: \_\_\_\_\_

ESTIMATED RESOURCES		ESTIMATED COSTS	OPTION 1	OPTION 2
Savings		Partner Institution		
Personal Loans		Current Exchange Rate		
Financial Gifts		Camosun College Tuition and Related Fees		
Student Loans		Transportation to exchange destination (airfare, etc.)		
Bursaries/Grants		Accommodation and meals		
Scholarships		Books and Supplies		
Part-time work while on exchange (not always possible to work; check with consulate)		Health Insurance		
Other:		Local Transportation		
		Personal Spending		
		Recreational Travel		
		Emergency Funds		
		Other:		
<b>TOTAL RESOURCES</b>		<b>TOTAL COSTS</b>		

## Proposed Study Plan - Partner Institution Option 1

- To the best of your knowledge, list the courses you hope to take at your partner institution.
- As courses offered by any educational institution may change, you may need to adjust your academic program while abroad.
- Once you return your faculty will officially transfer academic courses from your partner university to your Camosun College record.
- **This proposed Study Plan is not your final course registration.**

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Last Name                                      First Name                                      Camosun College Student Number

Camosun College Faculty	Program Name



## Camosun College International External Studies Reference Form

The student named herein is applying for a formal international Exchange. We would appreciate your comments on the student's suitability for such a group program. Students participating in an International Exchange represent Camosun College and act as ambassadors of our College and our country.

### To be completed by applicant:

Surname \_\_\_\_\_

Given names \_\_\_\_\_

CC student number \_\_\_\_\_

### To be completed by referee:

For how long and in what capacity have you known the applicant?

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Comment on the relevance of the proposed overseas Exchange Program to the applicant's academic career.

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**Indicate (with a check mark) the applicant's ability and academic competence in comparison with other individuals you have known at similar stages of their academic careers and with others who may have previously applied for, or participated in, a similar program, bearing in mind performance in your class.**

	Outstanding	Excellent	Good	Average	Poor	Unable to judge
Academic/intellectual potential						
Motivation and seriousness of purpose						
Maturity						
Emotional stability						
Ability to adapt to new circumstances						
Ability to work with others						
OVERALL RATING OF CANDIDATE						

**Comment on any areas in which the applicant might be relatively weak.**

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**Comment on the applicant's adaptability to new situations and a potentially new culture.**

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CAMOSUN COLLEGE International

External Studies Reference Form for \_\_\_\_\_ (please insert Applicant's name)

Comment on the ratings you have made on the reverse and make additional comments regarding the applicant's suitability for a formal Exchange Program.

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Do you recommend the applicant for the Exchange Program?

Highly recommend       Recommend       Recommend with reservations       Do not recommend

**REFEREE INFORMATION**

Name \_\_\_\_\_

Position \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_

Contact telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions about the study abroad program for which this student is applying, this reference form or letter of reference, or if you would like more information about the Exchange Programs offered at Camosun College, please contact CAMOSUN COLLEGE International at 250.370.3681 or via email [studyabroad@camosun.bc.ca](mailto:studyabroad@camosun.bc.ca)

Kindly return this reference DIRECTLY to: CAMOSUN COLLEGE International  
Exchange Programs  
Camosun College  
3100 Foul Bay Road  
Victoria, British Columbia  
CANADA V8P 5J2