

**Columbus State University**  
**American Cross-Cultural Experience Application**

**Please provide the following items:**

- Complete, signed application
- Copy of valid passport
- List of classes or modules requested
- CSU certification and transcript release
- Student statement
- Faculty recommendation form
- Current transcript
- TOEFL score or letter of English language proficiency (if home university is not English-speaking)
- Approval Form
- Counterpart questionnaire
- Certificate of immunizations (can be provided prior to class attendance)

*(Please print clearly)*

Home Institution \_\_\_\_\_

Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Permanent Home Address (if different from mailing address):

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Numbers: (Current) \_\_\_\_\_ (Permanent) \_\_\_\_\_

(Cell or Mobile) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

Sex: M / F

Passport Information:

I am applying for a passport \_\_\_\_\_ Country of citizenship \_\_\_\_\_

I have a passport \_\_\_\_\_ Passport number \_\_\_\_\_ Expiration date \_\_\_\_\_

Intended Area of Study at Columbus State  
\_\_\_\_\_

Major at Home Institution:  
\_\_\_\_\_

No. of Years Completed: \_\_\_\_\_

Semesters you wish to start at CSU:

Fall (August – December) \_\_\_\_\_ (year)

Spring (January - May) \_\_\_\_\_ (year)

Number of semesters attending (check): One \_\_\_\_\_ Two \_\_\_\_\_

Do you have any special requests regarding your accommodations: \_\_\_\_\_

Ethnic Origin:

- White
- Asian
- Black/African American
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander

## Classes or Modules Requested

The CSU catalog provides course descriptions and prerequisites:  
<http://academics.columbusstate.edu/coursedescriptions/index.php>

Please review class schedules to see what classes are offered for the semester that you are attending:

<http://academics.columbusstate.edu/classes/index.php>

Semester: Fall or Spring \_\_\_\_\_ Field of Study: \_\_\_\_\_

(CSU can not guarantee entrance to any classes requested below)  
(6000 level classes cannot be taken - 3000-5000 level classes require dept. approval)

Name of Student: \_\_\_\_\_

*Home Institution:* \_\_\_\_\_

CSU Class or Course Number (ex. INTS2105)	CSU Course or Class Title (ex. Intro to Int Studies)	Pre-Requisites	Indicate if required

I have reviewed the class descriptions, prerequisites and schedule of classes that are offered during my incoming semester at Columbus State University.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_ (day) \_\_\_\_ (month) \_\_\_\_ (year)

## **STUDENT STATEMENT FORM**

**Student's Name:** \_\_\_\_\_

Please write a one- to two-page statement describing why you would like to participate in the ACCE program and what benefits you would expect to gain from your experience.

**(continue on the back of this sheet if necessary)**

## FACULTY RECOMMENDATION FORM

A) *To be completed by the student applicant:*

Name of applicant: \_\_\_\_\_

Name of person providing reference: \_\_\_\_\_

I, \_\_\_\_\_, waive my right to access (as afforded by U.S. federal law) to the information provided on this form:

\_\_\_\_\_ Agree (Reference is confidential and not open to applicant's inspection.)

\_\_\_\_\_ Disagree (Student retains the right to inspect the recommendation.)

B) *To be completed by the faculty member providing the reference:*

The above-named applicant is applying for a study abroad program with Columbus State University. The program coordinators are concerned with the applicant's academic and personal suitability for study abroad.

Please type or print clearly. Return this reference form to your campus' study abroad coordinator.

1) How long and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below average	Average	Above average	Inadequate opportunity to observe
Knowledge in area of specialization				
Motivation and seriousness of purpose				
Ability to plan and carry out research/independent study				
Ability to express thoughts in speech and writing				
Emotional stability and maturity				
Self-reliance and independence				

(FACULTY REFERENCE FORM CONTINUED)

3) Please comment specifically about the applicant in terms of the following: (a) academic suitability for study at an institution abroad; (b) personal suitability for living abroad; (c) how participation in the American Cross Cultural Experience program will be of benefit, both academically and personally; (d) weaknesses; and (e) any other factors which you believe may affect a successful experience in the ACCE program. You may attach a typed document if preferred.

**After reading the student's application I (select one):**

- Strongly endorse the applicant
- Endorse the applicant
- Do not endorse the applicant

\_\_\_\_\_  
(Recommender's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Recommender's Name typed or printed clearly)

Position/Title \_\_\_\_\_

E-mail address: \_\_\_\_\_ Office phone (\_\_\_\_\_) \_\_\_\_\_

**COLUMBUS STATE UNIVERSITY CERTIFICATION  
AND TRANSCRIPT RELEASE APPROVAL**

I agree to abide by Columbus State University regulations.

I understand that any material false statement made knowingly and wilfully by me on this application, or any document attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any false statement may subject me to immediate dismissal from the university.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

I authorize the exchange coordinator at Columbus State University to send my official transcripts/records to my home institution.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Name Printed)

## Approval Form

### **Home Institution**

We confirm that this proposed program of study is approved and the student has permission to participate in the ACCE program as a transient or temporary student.

Adviser's signature: \_\_\_\_\_ Date \_\_\_(day)\_\_\_(month)\_\_\_(year)

Coordinator's signature: \_\_\_\_\_ Date \_\_\_(day)\_\_\_(month)\_\_\_(year)

### **Columbus State Department approval**

I have reviewed the Class Module request and confirm that this student is approved to enrol in the courses requested.

Conditions for approval:

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Department signature: \_\_\_\_\_ Date \_\_\_(day)\_\_\_(month)\_\_\_(year)

### **Columbus State University**

We confirm that this student has met university qualifications and they are approved to participate.

CIE Representative's signature: \_\_\_\_\_ Date \_\_\_(day)\_\_\_(month)\_\_\_(year)

## American Cross-Cultural Experience “CounterPart” Questionnaire

Please answer the following questions to help us in pairing you with a Columbus State student. We will do our best to pair you with someone who matches your preferences when possible.

1. Would you like your CSU CounterPart to be male or female?  
 Male  
 Female
  
2. Please write your major area of study:  
\_\_\_\_\_
  
3. Please list your hobbies or favorite things to do in your free time (example: bicycling, reading, watching movies, yoga, etc.):  
\_\_\_\_\_
  
4. What is your primary language? \_\_\_\_\_
  
5. Do you speak conversational English?  
 Yes  
 No
  
6. How many semesters are you attending Columbus State:  
 One  
 Two
  
7. Please list your e-mail address so that your counterpart may contact you prior to your arrival:  
\_\_\_\_\_

Please print your name \_\_\_\_\_

Name you would like to called \_\_\_\_\_