

The Colorado College Jönköping International Business School Exchange Program

Application Instructions:

1. Please print clearly or type your answers and return these materials to the Office of Study Abroad at Colorado College (Worner 233).
2. Request that the Registrar's Office send a copy of your official transcript to the Office of Study Abroad.
3. Obtain two letters of recommendation. At least one should be from a faculty member at CC. The second could be from an administrator, work supervisor, coach or other CC faculty member who knows you well.
4. Complete the emergency contact information as fully as possible and submit it with your application.

All materials should be returned to the Office of Study Abroad, Worner 233, no later than 5:00 p.m. on October 15 for the spring semester and April 15 for the fall semester or academic year. Late or incomplete applications will not be considered for the exchange.

Part I: General Information

Applicant's Name: _____ CC ID# _____

Worner Box Number: _____ Email address: _____ Phone: _____

Major: _____ Minor: _____ GPA: _____

Anticipated academic standing when program begins: FR SO JR SR (circle one)

Do you receive financial aid? Yes No (circle one)

Part II: References

Name/Title of Reference #1: _____ Phone: _____

Name/Title of Reference #2: _____ Phone: _____

Part III: Applicant's Background

Please answer the following questions on an additional sheet of paper. Be sure to number your responses and attach the additional sheets to the application form.

1. List all courses not on your transcript that you will have completed before the beginning of the program.
2. What course work and reading have you done that would serve as background for this exchange program?
3. If you have ever traveled or lived abroad, please describe your experience and how you can incorporate it into your preparations for studying abroad. If you have not traveled outside the country, how will you prepare for the experience?

Part IV: Required Signatures

Studying off-campus is a privilege that is available to students who have demonstrated the ability to adjust academically and emotionally to college, and who are ready to benefit from the challenges of off-campus study. Only students in good academic standing are eligible to study off-campus. Likewise, a student's behavioral record may be considered in granting or denying approval for off-campus study.

Please be aware that the stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Physical or psychological disorders can become serious under the stresses of a new environment. Therefore, if you have a physical or psychological condition it is important that you meet with the staff at Boettcher Health Center to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying off campus will help you to identify those resources that will and will not be available at your program site.

"I have read and understand the above statements."

Student's signature

Date

1. ACADEMIC ADVISOR: *"I have discussed with my advisee his/her plans to study abroad and support his/her application to this exchange program."*

Applicant's Academic Advisor

Print Name

Date

2. ACADEMIC DEAN: *"There are no academic reasons, of which I am aware, that would prohibit this student from participating in an off-campus program."*

Associate Dean of the College

Print Name

Date

3. DEAN OF STUDENTS: *"To the best of my knowledge, the applicant has no record of behavioral incidents that would impede his/her ability to participate in an off-campus program."*

Dean of Students

Print Name

Date

**The Colorado College
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Emergency Contact Information

Name: _____ CC ID #: _____

Social Security #: _____ Gender: Male Female (circle one)

Date and Place of Birth: _____

Passport Number: _____ Passport Expiration Date: _____

Date and Place of Issuance: _____

Note: If you do not have a valid passport, you should apply for one now. It can take up to 8 weeks to obtain a new passport.

Person to be notified in case of an emergency:

Name: _____ Relationship to you: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Email address: _____ Cell Phone: _____

If the individual above is not your parent/legal guardian, do we also have your permission to contact your parent/guardian in case of an emergency? YES NO (circle one)

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Email address: _____ Cell Phone: _____

**The Colorado College
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Academic Program Recommendation

Applicant's Name: _____ CC ID #: _____

Please use the opposite of this page or a separate sheet of paper, and number your responses.

Your candid assessment of the strengths of this student's application to the CC/JIBS Exchange program will weigh heavily in the selection committee's recommendation to Jönköping International Business School. Please consider your answers carefully; if possible, read the student's completed application and review the objectives of the program outlined in the current program brochure.

How long have you known this student? _____

In what capacity? _____

1. Does the applicant have valid educational reasons for participating in this program? Please elaborate.
2. Will the applicant be adequately prepared for the program through formal academic work?
3. What is your general estimate of the applicant's intellectual ability and motivation?
4. Does the applicant have any particular strengths which will likely be assets to the program?
5. Off-campus programs require emotional maturity, self-discipline, initiative, and a certain amount of physical stamina. Participants must be able to adjust to different cultural influences and teaching styles, take some initiative in using free time effectively, and maintain academic study habits in an off-campus situation. What difficulties, if any, might the applicant experience with regards to this program?
6. Please add any comments you believe will be helpful to the Selection Committee.

Referee's Name (please print or type) _____

Signature

Title

Date

**Please return this form to:
The Office of Study Abroad
Worner Campus Center, Room 233
Deadlines: October 15 for spring or April 15 for fall**

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