



# Application

Deadline for Priority Placement: **February 15**

Late application with additional fee: May 15

Date Application Submitted: \_\_\_\_\_

Nonrefundable Application Fee Received: \_\_\_\_\_

The application is not considered complete until the fee has been paid.

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**RETURN THIS FORM TO:**

**Miranda Barril, Exchange and Study Away Coordinator**  
**107 Mourant Building**  
**907-796-6359**

Prior to completing this application you are responsible for reading and understanding the following:

NSE eligibility requirements, policies, and procedures (the entire *Policies and Procedures* section on the website [www.nse.org](http://www.nse.org))

Checking this box is a requirement and indicates that you have read and understand all the above information.

**Please type or print very clearly.**

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**CONTACT INFORMATION**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

UAS E-mail \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

UAS campus I.D. Number \_\_\_\_\_

**SPECIAL NEEDS OR CIRCUMSTANCES**

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be needed; a documented disability which may require academic accommodation (e.g., note takers, taped texts); a medical condition which might require immediate attention during exchange; or a condition which might affect emotional or mental well-being 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 this campus. Please indicate whether or not we may contact your requested host campuses at this time.** NSE does not discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process 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 consult the host campus coordinator and ADA officer to determine the deadlines by which you must submit written, current, and professionally documented information as required by your host campus.

May the UAS Exchange Coordinator share this information with the host coordinator?  Yes  No

## OTHER CONSIDERATIONS

Have you ever been convicted of a felony?  Yes  No

Are you on probation, parole, or have any legal judgments 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

## REFERRAL

Did you hear about this program through a former or present NSE participant? If so, who? \_\_\_\_\_

Their name will be entered into an annual drawing for a \$100 Amazon gift card thanks to you!

## RELEASE OF INFORMATION

The collection, retention, and dissemination of your records and information about you are subject to federal regulation under the Family Education Rights and Privacy Act of 1974. You are responsible for specifying the persons or agents who have access to your records. Therefore, it is necessary that we obtain your permission to request and release information pertinent to your exchange. Please read the following statements and sign below:

- I understand that it will be necessary for my campus to obtain certain information about my academic and non-academic record in order to: 1) ascertain my eligibility and suitability for an exchange through NSE, and 2) facilitate my exchange after it is arranged. I hereby grant permission to the NSE coordinator and/or designee to obtain information that is appropriate to my application and participation in the exchange including, but not limited to, letters of recommendation, permanent academic records and transcripts, conduct, fiscal records, medical records, all for the purposes of exchange placement and participation, continuation, or termination.
- I give permission to the NSE coordinator and/or designee to contact appropriate personnel in order to verify that I am under no disciplinary action for violation of codes of academic and student conduct and/or that 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 NSE application process to my home NSE Coordinator, designee, and those individuals/committees responsible for reviewing and approving my application for exchange participation.
- I hereby give permission for the information contained in my application to be submitted on NSE's restricted, Web-based placement site for the use of the home and host campuses and the NSE Central Office in placement and record-keeping processes.
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the NSE application process to the National Student Exchange Central Office and to the NSE host institution at which I am placed.

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

Print Name \_\_\_\_\_

## SUPPORTING MATERIALS AND/OR OTHER REQUIREMENTS CHECKLIST

All due by deadline date:

- Mandatory NSE Preliminary Application (NSE.org)**
- Academic References (UAS faculty/staff and/or advisor)- see below**  
Reference submitted to:

_____	_____	_____
Name of Reference	Position / Department	Date Requested
_____	_____	_____
Name of Reference	Position / Department	Date Requested

- Transcript(s) (UAS - unofficial)**

If you are a transfer student:

I authorize the NSE coordinator to copy official transcripts from my permanent file for the following school(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

- Personal Statement**
- \$225 Non-refundable application fee** (copy of receipt) –see below
- Recent Photograph** (electronically sent)
- Appointment for final Conversation /Interview**

### SIGNATURE

I have read and fully understand:

- information on eligibility, policy, and procedures presented by NSE in the NSE Directory or on the web.
- UAS campus policies and procedures governing my exchange participation.

I further understand that:

- participating in the National Student Exchange is a privilege and not a right.
- submitting an application is not a guarantee of application acceptance or placement.
- failure to maintain (prior to and during my exchange) all of the eligibility requirements of the program and those of my home and host campuses will result in the cancellation of my exchange.
- failure to pay all financial obligations to my home and host campuses will result in the cancellation of my exchange.
- I also understand that until financial obligations are met, my home and host campuses will not release transcripts; and I will not be permitted to re-enroll at, or graduate from, my home campus.

If accepted for participation in the National Student Exchange, I agree to adhere to all the rules and regulations of both my home and host institutions. Failure to do so will result in the cancellation of my exchange.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Reference

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Part I: To be completed by the applicant

Name of NSE Applicant: \_\_\_\_\_  
Name of Reference: \_\_\_\_\_  
Date of Request: \_\_\_\_\_

Part II: To be completed by the reference

The above-named student is requesting an academic reference from you as part of the National Student Exchange application selection process. This program provides an opportunity for students to attend one of 200 member institutions within the U.S. and territories for in-state tuition.

Since student participants serve as representatives of their home institutions, the Academic Exchange Office is concerned with both the academic excellence and personal suitability of the applicants. Your opinion of the applicant is an important consideration in the selection process. Please offer comments that are detailed and frank.

If you have any questions or comments, please contact Miranda Barril at 796-6359 or [mabarril@alaska.edu](mailto:mabarril@alaska.edu).

Please return this reference form *prior* to Feb.28, 2022.

Name (type or print)

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Position or title

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Office address and telephone

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Email address:

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Signature

Date

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How long have you known the applicant?  < 3 months  > 3 months  > 1 year  > 2 years

In what capacity do you know the student?  Advisor  Faculty  Staff  Other

If other, how? \_\_\_\_\_

Please comment on the following issues related to the applicant.

Academic suitability and stability

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Personal maturity, responsibility, and commitment

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How an exchange might benefit, both academically and personally

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Weaknesses

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Additional factors, which may affect a successful experience

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

	Above	Average	Below	Don't	
					Average
Know					
Knowledge in area of specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation and seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carries out plans and research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Studies independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resourceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliable / on-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments: \_\_\_\_\_



**UNIVERSITY  
of ALASKA  
SOUTHEAST**

## Study Away Receipt of Payment

*Note to Student Account staff:*

*Please deposit in current term only and **include student name**. Thank you.*

_____ NSE	\$225 (JNSE, 75400)
_____ International Study Away Programs	\$75 (JEXA, 75400)
_____ Other program: _____	\$75 (JEXA, 75400)
Program Name	
_____ Late Fee:	\$50 (JEXA, 75400)

**\*\*\*\*\* Pay to the order of UAS \*\*\*\*\***

Please submit this form to Student Accounts then return to the Academic Exchange office.

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

UAS ID #: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Received by Cashier: \_\_\_\_\_

Ac Ex Office signature: \_\_\_\_\_