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| **Applicant Information** |
| Full Name: |       | Date of Birth: |       |
|    *mm/dd/yyyy* |
| UNI: |       | School:  |   |  Class Year: |       |
| Major/Concentration(s): |       |
| Local/Campus Address: |       |
| Permanent Address: |       |       |
|  *Street Address*  | *Apartment/Unit #* |
|  |       |       |       |
|   | *City* | *State*  | *Zip Code* |
| Cell Phone: | (   )       | E-mail Address: |       |
|  |
| Emergency Contact |
| **Name of Parent/Guardian:** |       | **Relationship:** |       |
| **Contact Phone:**  | (   )       | **Email:** |       |
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| 1. | Please indicate the semester and year in which you plan to study. | [ ]  | Fall |      |  | [ ]  | Spring |      |
|  | *(check both boxes if you plan to study for 2 semesters)*  |
| 2. | Please indicate your school of choice? | [ ]  | Howard University | [ ]  | Spelman College |
| 3. | Do you receive financial aid?  | [ ]  | Yes | [ ]  | No |
|  | If you answered yes, please specify aid type both from the university and outside sources: |       |
|  |       |
| 4. | Are you currently on Academic Probation? | [ ]  | Yes | [ ]  | No |
|  | If you answered yes, please explain: |       |
|  |       |
| 5. | Has disciplinary action ever been taken against you? | [ ]  | Yes | [ ]  | No |
|  | If you answered yes, please explain: |       |
|  |       |

*Degree Progress*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. | Please enter your expected graduation date. |        |  # of completed semesters:  |   |
|  |  |  *Month/Year* |
| 7. | Please enter the number of credits you have earned thus far. |     |  # of credits in progress: |    |
| 8. | I have completed all Core (CC/SEAS) or General Education Requirements (Barnard) for my school. (Check one below) | [ ]  | Yes | [ ]  | No |
|  | [ ]  | Barnard College: General Education Requirement’s (GERs) |  |  |  |  |
|  | [ ]  | Columbia College: Columbia Core Requirements |  |  |  |  |
|  | [ ]  | Columbia Engineering: 1st and 2nd Year Core Requirements |  |  |  |  |
|  | If you answered no, please specify which requirements remain outstanding and when you plan to complete them.  |  |
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| --- | --- | --- | --- |
| Course: |       | Semester/year to be completed: |       |

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| --- | --- | --- | --- |
| Course: |       | Semester/year to be completed: |       |
| Course: |       | Semester/year to be completed: |       |
| Course: |       | Semester/year to be completed: |       |
| Course: |       | Semester/year to be completed: |       |

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| 9. | Please indicate how you intend to apply your courses taken at Howard/Spelman: (check all that apply) |
|  | [ ]  | General Electives |
|  | [ ]  | Barnard GERs or Columbia College Core or SEAS Core (circle one) |
|  | [ ]  | Major Requirements  |
|  |
| **Class Dean (Barnard)/Advising Dean (CC/SEAS) Approval** |
| Class Dean/Advising Dean Name: |       |  |
|  | I can confirm that this student has made satisfactory progress towards the degree. | [ ]  | Yes | [ ]  | No |
|  | I can confirm that this student this student is in good academic standing. | [ ]  | Yes | [ ]  | No |
|  | I can confirm that this student this student is in good disciplinary standing. | [ ]  | Yes | [ ]  | No |
|  | *If you answered no to any of the statements above, please explain:* |       |  |
|  |       |  |
|  |       |  |
| Signature: |       | Date:  |       |  |
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| **🡪Essay** |
| Please attach an essay (500 words or less) explaining why you want to take part in the Barnard-Spelman and/or Columbia-Howard exchange program and how it will enhance your academic program.  |
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| **🡪Recommendation Form** |
| Please provide the name and contact information for the professor/adviser who has agreed to complete your recommendation form.  |
| Full Name: |       | Title: |       |
| Email: |       | Phone: | (   )       |
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| **🡪 Additional Materials Required** |
|  |
| [ ]  | I have attached an official transcript. |
| **[ ]**  | I have attached an updated resume. |
| **[ ]**  | I have attached a current copy of my Degree Audit (Barnard) or SSOL Degree Audit Report (CC/SEAS). |
|  |
| Student Signature: |  | Date: |  |
|  |

**FOR OFFICE USE ONLY**

|  |  |
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|  |  |
| ***Participation in exchange program approved by:*** |  |
| ***Dean*** |  | ***Date*** |  |  |
|  |  |  |  |  |

**Domestic Exchange Recommendation Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: |       | School: |       | UNI: |       |

 ***To the Applicant:***

Please fill in the spaces above and sign below before giving this form to the person writing the recommendation.

|  |
| --- |
| **Recommendation Waiver** |
| Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of evaluation. In the belief that applicants, and the persons from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we offer you an opportunity to sign one of the following statements: |
| **[ ]**  | I **waive** my right to examine this recommendation. |
| **[ ]**  | I **do not waive** my right to examine this recommendation. |
| **Student Signature:**  |       | **Date:**  |       |

***To the Evaluator:***

This student above is interested in studying at **Howard University** or **Spelman College**. Please assist the committee by providing the information below.

|  |  |
| --- | --- |
| For how long and in what capacity have you known the candidate?  |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding | Excellent | Good | Average | BelowAverage | NoBasis |
| Intellectual Curiosity | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Adaptability/Flexibility | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Critical Thinking | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Problem Solving Ability | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Task Commitment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Character | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Overall probability of success as a Domestic Exchange Student | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

\* Feel free to attach an additional statement to discuss any other information that may assist the committee. (Optional)

|  |
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|  |
| Recommender Name:  |       | Title: |       |
| Signature: |       |  Date: |       |

Please return the form to the candidate in a sealed envelope (with your signature across the seal). Alternatively, you may submit this form directly to the program coordinators listed below:

|  |  |
| --- | --- |
| For **Barnard Students** | For **Columbia College** and **Engineering Students**: |
| Jemima R. Gedeon105 Milbank Hall [3009 Broadway](https://maps.google.com/?q=3009+Broadway&entry=gmail&source=g)[, New York, NY 10027](https://maps.google.com/?q=3009+Broadway+,+New+York,+NY+10027&entry=gmail&source=g)212-854-2024 **(O)**; 212-854-9470 **(F)**; **Email:** jgedeon@barnard.edu | Dawn Hemphill403 Alfred Lerner Hall, MC: 12012920 Broadway, New York, NY 10027212.854.6378 **(O)**; 212.854.2458**(F)**; **Email:** dh2239@columbia.edu |