



# CHAMPLAIN COLLEGE

## *International Student Services*

Exchange Student Program  
Office of International Student Services  
Champlain College  
163 S. Willard Street, P.O. Box 670  
Burlington, Vermont 05402-0670 U.S.A.  
[jkarki@champlain.edu](mailto:jkarki@champlain.edu) or +1.802.865.6485  
**2023-20243**

**Application Deadline: April 1st (Fall admission); October 1st (Spring admission)**

Apply to Begin \_\_\_\_\_ to End \_\_\_\_\_

Your Name \_\_\_\_\_  
(First) (Middle) (Last)

**(Must Match Name on Your Passport EXACTLY)**

Your Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (Country)

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Month) (Day) (Year)

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

### YOUR HOME INSTITUTION

Name \_\_\_\_\_

University Advisor \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Advisor Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### IN CASE OF EMERGENCY

#### Contact #1 Information

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Contact Telephone (s) # \_\_\_\_\_

#### Contact #2 Information

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Contact Telephone (s) # \_\_\_\_\_

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

Major at your home school \_\_\_\_\_

**CHAMPLAIN COURSE OF STUDY**

Before deciding on your choice of courses, please check for “prerequisite” courses which must be completed before taking certain courses at Champlain College. Also check to see if the course is offered the semester you will be on campus. (Fall or Spring only) Please use these two links to work with your home program adviser to choose appropriate coursework:

<http://catalog.champlain.edu/content.php?catoid=34&navoid=901> OR <http://classlist.champlain.edu/>

<u>Course Number</u>	<u>Course Title</u>	<u>Credits</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

In case of scheduling problems indicate two alternative courses.

1. _____	_____	_____
2. _____	_____	_____

**NOTE:** A student who signs up for courses with prerequisites must send proof with transcripts which demonstrate he/she has taken a comparable course at the home institution.

Approved: \_\_\_\_\_  
Home School Advisor Date

**HOUSING ARRANGEMENTS**

- I will live in a Champlain College residence hall. Students who live in the residence hall are required to purchase the college meal plan. Students who choose to leave the residence hall before the end of the semester are still responsible to pay the full semester housing fee. Important Note: The College will arrange on-campus housing for you; there is no need for extra additional forms, etc.
- I will live in an off campus apartment which I will find by myself.
- I have already made housing arrangements off campus. My address in the Burlington area is:

- 1. Please include the following with this application: (1) copy of your valid passport bio page (2) proof of financial support (3) Contract of Participation form (4) English language proficiency form (5) Statement of Health Insurance Coverage (6) copy of your transcript.**
- 2. Please scan and send all documents to Jessa Karki, Director, Office of International Student Services at [jkarki@champlain.edu](mailto:jkarki@champlain.edu).**