

PROGRAM INFORMATION (continued)

Subject Area: What subject area(s) is your proposed project?

Subject(s):

- I understand I must submit a detailed project or research proposal and attach it as an addendum to this form. The general theme of my proposal is:

English Proficiency: According to US law, CWU is required to proactively verify that scholars have sufficient English proficiency to both complete their academic program and to navigate everyday situations with minimal assistance. See the CWU website for scholars for additional details. Please check the box next to the appropriate method of verification:

- Citizenship of an Anglophone country
- Proof of degree from English-medium institution or program
- Official letter certifying proficiency
- Proof of sufficient score on an established proficiency test
- Interview by qualified CWU International Office staff

CWU Contact: Scholars should be invited by a CWU faculty member who will serve as their host department supervisor. They must meet with this supervisor in person at least once every 7-10 days. Please give the name and contact information of the CWU faculty member inviting you.

Name: _____ CWU Email: _____ @cwu.edu
Title: _____ Department: _____

Site(s) of Activity: Please be aware that scholars must live within 40 miles of the CWU campus at which their faculty sponsor is based.

Primary Site of Activity:
Other proposed site(s) of activity:

AFFILIATION

- I am affiliated with a CWU partner institution and participating under the auspices of an active agreement between the two institutions.
- I am affiliated with a CWU partner institution and participating as an individual.
- I am not affiliated with a CWU partner institution and wish to participate as an individual.

Home Institution:

EXCHANGE VISITOR SIGNATURE

In signing this form, I acknowledge that failure to disclose and submit complete and accurate information may result in the denial of admission or subsequent dismissal from said institution. I certify that to the best of my knowledge statements I have made in this application are complete and true. **I understand my application is incomplete without my signature below.**

Signature of Applicant: _____ Date: _____

COLLEGE AND DEPARTMENT APPROVAL (CWU USE ONLY)

1. Department Host Supervisor (inviting faculty member)

I, the designated CWU contact, accept responsibility for the accuracy of the information on this form, for sponsoring the exchange visitor at CWU and for reporting to OISP the termination and/or departure of the identified visiting scholar. I agree to meet with the scholar in-person at minimum once every 7-10 days and to facilitate or notify the scholar of cross-cultural activities per the statutory requirements of the Exchange Visitor Program. I have attached a formal letter of invitation outlining my role as supervisor, the parameters of the invited scholar's academic endeavors and/or other expected duties (e.g. teaching) and any remuneration or other financial assistance to be provided by CWU.

Name:

Title:

Department:

Mail Stop:

Tel:

Email:

Signature:

Date:

2. Department Chair and Dean Approvals

Department Chair:

Signature

Printed Name

Date

College Dean:

Signature

Printed Name

Date

3. Submission of Completed Application

Once signed by the inviting faculty member, the Department Chair and the College Dean, please return completed form to International Student & Scholar Services.

Campus Mail: MS 7408

Physical location: Hebeler 101

Email: rachel.gordon@cwu.edu