



## CENTRAL WASHINGTON UNIVERSITY

### APPLICATION INSTRUCTIONS FOR INTERNATIONAL EXCHANGE STUDENTS

International exchange students may only be accepted for study at CWU if they are degree seeking students at a partner institution abroad, meet the necessary CWU and home university eligibility criteria, and submit required materials for placement at CWU. Below are items necessary for acceptance to Central Washington University's exchange program.

#### APPLICATION DEADLINES

Fall quarter or academic year: **May 1<sup>st</sup>**

Winter and/or spring quarter: **October 1st**

#### APPLICATION MATERIALS

##### 1. International Exchange Student Application Form

2. **Essay:** Please attach a one page essay (approximately 500 words) describing why you would like to study at Central Washington University and how this exchange will complement your personal and academic goals. If you have already written an essay for your university's application process for study at CWU, you may use the same essay.

3. **Photocopy of TOEFL Score Report (for non-native English speakers):** A TOEFL (Test of English as a Foreign Language) score of 71 iBT is required for students whose first language is not English. With their university's permission, students with a TOEFL score below 71 iBT may apply for exchange IF they are willing to take and pay for English as a Second Language classes at CWU at their own expense. Contact Roslyn Moes for more information.

4. **Passport:** One photocopy of the photo page of your passport.

5. **CWU Room and Board Contract.** Submit this form with your application to apply for on-campus housing. Please review the options carefully.

6. **Housing deposit.** To secure your room reservation, please pay the \$200 housing deposit. It must be paid on-line at <http://www.cwu.edu/student-accounts/online-payments>. Assuming no damage is done to your room upon departure, the full amount will be refunded to you.

7. **Student Immunization and Health Requirements Form.**

8. **Transcript.** Please attach a transcript from your home university. A photocopy is acceptable.

9. **Proposed Plan of Study.** Select a minimum of 7 courses in which you are interested. Not all courses are offered each term nor are seats guaranteed.

10. **Proof of Financial Responsibility form AND financial support documentation** (bank statement, letter of support, etc.).

If you have questions, please contact:  
Mrs. Roslyn Moes  
Tel: 1-509-963-3614, Fax: 509-963-1558  
E-mail: [moesr@cwu.edu](mailto:moesr@cwu.edu)



CENTRAL WASHINGTON UNIVERSITY

INTERNATIONAL EXCHANGE STUDENT APPLICATION FORM

Please tick box(es) below for EACH quarter you wish to be enrolled at CWU.

Participation dates: [ ] Fall quarter (mid September - mid December) Year: \_\_\_\_\_
[ ] Winter quarter (early January - late March) Year: \_\_\_\_\_
[ ] Spring quarter (early April - mid June) Year: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: [ ] Male [ ] Female
Last (Family) Name First (Given) Name

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth: \_\_\_\_\_, \_\_\_\_\_
Month Day Year City Country

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Home University: \_\_\_\_\_

Academic Major(s): \_\_\_\_\_

TOEFL Score: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Only required for non-native English speakers.

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

Permanent Address: \_\_\_\_\_
(if different from above) \_\_\_\_\_
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
Last (Family) Name First (Given) Name

Parent/Guardian Address: \_\_\_\_\_
\_\_\_\_\_

SIGNATURE

I certify that to the best of my knowledge statements I have made in this application are complete and true. I hereby give permission to release appropriate test scores and academic records requested by said university or college. I understand my application is incomplete without my signature below.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## ***CWU Housing Options for Exchange Students***

**Important Notice:** All residence halls close during the winter break (about 3 ½ weeks). Alternative on-campus housing is available during the break for a flat fee of \$300. All exchange students, regardless of their university's housing agreement are responsible for this fee if they choose to live on-campus during the break.

### **Kennedy Hall**

All exchange students will be placed in Kennedy Hall. It is a co-ed, 35-person hall located on the north end of campus. It houses the "International Theme Community," a group of foreign and American students who are interested in learning about other countries and cultures through open communication, living together and participating in culture-focused events. The hall itself includes:

- A large lounge (with couches, tables, a TV and a billiards table), a large kitchen (with full fridge, stove-top and range), and a large fireside/study room.
- Large single, standard single, and standard shared rooms are available.
- Rooms include combined living/study area furnished with beds, built-in drawers, desks, chairs, closets, a mini-refrigerator, a microwave and internet access.
- Separated toilet and shower rooms separated by male and female.
- Indoor coin-operated laundry facilities on first floor.
- Covered bike storage.
- "North Village Café" located next door in Green Hall.
- Limited accessibility to students with mobility impairments to common areas.

### **Room options:**

**Standard shared** (two-person room)

**Standard single** (one-person room)

**Large single** (one-person room)

### **Meal plan options:**

**Athletic** (about 19 meals/week)

**Large** (about 14 meals/week)

**Medium** (about 12 meals/week)

**Small** (about 10 meals/week)

**Liberty Plan** (\$250 "dining dollars" on your account each term)

### **Estimated room and meal plan prices for 2013-2014:**

#### ***Standard Shared Room (two-person room) with:***

**Athletic Meal Plan:** \$10,525/year (4,166 fall only; 3,473 winter only; 2,885 spring only)

**Large Meal Plan:** \$9,660/year (3,820 fall only; 3,188 winter only; 2,652 spring only)

**\*Medium Meal Plan:** \$8,873/year (3,505 fall only; 2,929 winter only; 2,439 spring only)

**Small Meal Plan:** \$8,252/year (3,253 fall only; 2,724 winter only; 2,271 spring only)

**Liberty Plan:** \$5,111/year (1,704 each quarter)

#### ***Standard Single Room (one-person room) with:***

**Athletic Meal Plan:** \$11,632/year (4,587 fall only; 3,839 winter only; 3,206 spring only)

**Large Meal Plan:** \$10,767/year (4,241 fall only; 3,553 winter only; 2,973 spring only)

**Medium Meal Plan:** \$9,980/year (3,926 fall only; 3,295 winter only; 2,759 spring only)

**Small Meal Plan:** \$9,359/year (3,678 fall only; 2,722 winter only; 2,591 spring only)

**Liberty Plan:** \$6,218/year (2,073 each quarter)

#### ***Large Single Room (one-person room) with:***

**Athletic Meal Plan:** \$12,046/year (4,744 fall only; 3,975 winter only; 3,326 spring only)

**Large Meal Plan:** \$11,180/year (4,397 fall only; 3,690 winter only; 3,093 spring only)

**Medium Meal Plan:** \$10,394/year (4,082 fall only; 3,431 winter only; 2,879 spring only)

**Small Meal Plan:** \$9,772/year (3,835 fall only; 3,229 winter only; 2,712 spring only)

**Liberty Plan:** \$6,632/year (2,211 each quarter)

\*estimated amount required for a DS-2019 is based on a Standard Shared Room with a Medium meal plan.

**ROOM AND BOARD CONTRACT 2013-2014**

**INSTRUCTIONS:** Complete this form and return to the CWU Study Abroad and Exchange Office. Next, go to <http://www.cwu.edu/student-accounts/online-payments> to pay the \$200 housing contract deposit. Contracts **canNOT** be processed without this form on file and the \$200 deposit. GUARANTEED housing for fall quarter is offered to exchange students who return their room and board contract and \$200 deposit before June 1. This contract is contingent upon academic admission to Central Washington University and maintenance of enrolled status with a minimum of seven quarter hours. **When signed by the student, this contract becomes a legal and binding contract.** Hereafter, you, the applicant and future student, will be referred to as the "student," and Central Washington University will be referred to as the "university." Refer to terms and conditions of room and board contract. All residence halls are smoke-free. Assignment of space by the University constitutes final acceptance of the terms and conditions of the contract. **Please see section 15 in the Terms and Conditions of the contract for all nonrefundable housing cancellation fees.**

**PLEASE PRINT**

Name \_\_\_\_\_ CWU Student ID # \_\_\_\_\_

LAST FIRST MI  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Daytime Telephone # (\_\_\_\_\_) \_\_\_\_\_  
MONTH / DAY / YEAR

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

Permanent Address \_\_\_\_\_

Permanent Telephone # (\_\_\_\_\_) \_\_\_\_\_

Cell Telephone # (\_\_\_\_\_) \_\_\_\_\_

In an emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_

Cell Telephone # (\_\_\_\_\_) \_\_\_\_\_

**Have you ever been convicted of a crime?**  Yes  No

If yes, please explain. \_\_\_\_\_

Are you a new student at Central?  Yes  No

If no, last quarter in CWU residence halls was: \_\_\_\_\_ quarter, 20\_\_\_\_.

University class standing at time of application:  Freshman  Sophomore  Junior  SeniorI will attend Central beginning:  A. Fall quarter  B. Winter quarter  C. Spring quarterDo we have your permission to release your e-mail address to your prospective roommate?  Yes  No

**DINING SERVICES OPTIONS:** If you have dietary needs that may not be met by our dining service operations, do NOT enter into this contract without consulting with University Housing and New Student Programs or CWU Dining Services (509-963-1585).

I am requesting the following Dining MEAL PLAN (Check one):

 Plan 1 - Athletic (XL)  Plan 2 - Large  Plan 3 - Medium  Plan 4 - Small Plan 5 - Liberty Plan — Dedicated Dining Dollars (Start each quarter with a \$250 deposit.)

**Term of contract:** For specific dates, please refer to section 1 of the Terms and Conditions of the Contract.

 Academic-year contract

**Important Notice:** All residence halls close during the winter break (about 3 ½ weeks). Alternative on-campus housing is available during the break for a flat fee of \$300. All exchange students, regardless of their university's housing agreement are responsible for this fee if they choose to live on-campus during the break.

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**AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUESTS:** Students with disabilities who require housing/dining accommodations or exceptions to housing/dining policy *must* make their needs known to University Housing in a timely manner and *must* register with CWU's Center for Disability Services (CDS). Do you have a disability that:

- affects your mobility    affects your hearing    affects your vision  
 requires the use of a wheelchair/scooter    requires dietary restrictions

other: \_\_\_\_\_

Please explain how you are affected: \_\_\_\_\_

In addition to diagnosed disabilities, please list any medical conditions to be considered when making assignments (i.e., heart conditions, diabetes, severe allergies, asthma, etc.) \_\_\_\_\_

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**Type of room requested:** Please number in order of preference with 1 being your first choice. The room type will be a primary determining factor in the assignment process. If a single room is unavailable, you will be assigned into a standard shared room with a roommate.

**Kennedy Hall:**

- \_\_\_\_ Standard shared room with a roommate  
\_\_\_\_ Standard single room without a roommate.  
\_\_\_\_ Large single room without a roommate.
- 

**ROOMMATE preference:** Roommates must request one another, list CWU student identification numbers, and send applications together by June 1.

Roommate preference (name) \_\_\_\_\_ Roommate's student ID# \_\_\_\_\_

Roommate preference (name) \_\_\_\_\_ Roommate's student ID# \_\_\_\_\_

I do not have a roommate preference.

I am especially interested in having an international roommate

I am especially interested in having an American roommate

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**Signature of agreement:**

The signature below acknowledges that the applicant has read, understands, and accepts all the terms and conditions of the Housing and Dining Services Room and Board Contract. This also acknowledges that the applicant has read, understands, and agrees to abide by all substance-free regulations as stated in the housing policies. Violation of these policies may result in disciplinary action up to and including eviction from the residence halls. This agreement is for the entire academic year or that portion remaining at time of admission. When accepted for admission by the University, the Student agrees to abide by the University rules and regulations and by the terms and conditions of the Room and Board Contract.

Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

If you are under the age of 18 at the time of signature, you must have a parent/guardian signature.

Parent/Guardian Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

FOR OFFICE USE:		
RA1 _____	RA2 _____	RA3 _____
Received by _____	Entered by _____	Assigned by _____
Date _____	Date _____	Date _____

Name (Please print clearly) \_\_\_\_\_  
 Last \_\_\_\_\_  
 First \_\_\_\_\_  
 MI \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Month / Day / Year \_\_\_\_\_

## STUDENT IMMUNIZATION AND HEALTH REQUIREMENTS FORM

CWU Student Medical and Counseling Clinic • 400 East University Way • Ellensburg WA 98926-7585 • 509-963-1881

Central Washington University requires certain immunizations prior to enrollment to help protect your health and the health of all our students. Please read and complete the following information.

### REQUIRED IMMUNIZATIONS

**MMR (Measles, Mumps, Rubella):** Only for students born after 12/31/56. Recommended two doses of combined MMR vaccine.

**Tdap/Td:** Primary series in childhood, booster at age 11-12 years, then every 10 years. CDC now recommends one booster of the Tdap after the primary series.

You have a right to refuse the required immunizations based on religious, personal, or medical reasons. If you are claiming an exemption to the required immunizations, please check the appropriate box below. *In the event of a suspected case of mumps, measles, rubella, diphtheria, or pertussis on campus, those students who have exempted and have not received these immunizations may be prevented from access to classes, residence halls, labs, and other CWU facilities. CWU will not provide refunds for tuition and room for the period of exclusion.* If you choose to obtain the required immunization at that time, you may be excluded for 21 days to verify that you were not exposed to the disease prior to obtaining the immunization.

### RECOMMENDED IMMUNIZATIONS

**Hepatitis B:** Recommend series of three doses of vaccine given over six months.

**Varicella (chickenpox):** Primary series of two doses given in childhood, or to college students without history of the disease or without age appropriate immunization.

**MENINGOCOCCAL VACCINE (MCV4):** All teenagers 11-18 years need two doses of MCV4. If you received a dose when you were age 11-15 and are now 16-18 or about to enter college, you need a booster dose. If you are younger than age 22 and about to enter college and have never received the meningococcal vaccine or received it more than 5 years ago you need a dose of the MCV4 vaccine. Check with your Health Provider.

**HPV (Gardasil):** Vaccine is recommended for boys and girls, and men and women ages 11 to 26 years of age. Series of three vaccine doses given over a six-month period.

**Hepatitis A:** Primary series of two doses given over a six-month period.

**Polio:** Primary series in childhood; a booster is only if needed for travel after the age of 18 years.

**Pneumococcal (Pneumonia):** You have a chronic health problem? Talk to your healthcare provider about whether you should receive a pneumococcal vaccine.

**Seasonal Flu Vaccine:** Recommend yearly.

Tuberculosis has been of increasing concern in the United States. We recommend that you see your health care provider for symptoms of persistent cough or fever prior to coming to CWU or to see the Student Medical Clinic if you have these symptoms while at CWU. You may need a skin test and/or a chest x-ray.

Students may contact their personal health care provider or make an appointment at the CWU Student Medical Clinic (509-963-1881) for more information about the various vaccines. The Student Medical Clinic offers several of the vaccines at reduced costs for students.

### CWU IMMUNIZATION FORM

Please complete and return the following form with your Room and Board Contract to CWU, using the attached envelope.

Name \_\_\_\_\_ Student identification # \_\_\_\_\_  
 (Please print) Last First MI

Date of birth \_\_\_\_\_ Td/Tdap \_\_\_\_\_  
 Month / Day / Year Most Recent Booster Dose

MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_ Varicella #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Date Date Date Date

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
 Date Date Date

Hepatitis A #1 \_\_\_\_\_ #2 \_\_\_\_\_ Meningococcal Vaccine \_\_\_\_\_  
 Date Date Date

I wish to be exempted from immunizations for the following reason:  Religious basis  Personal/philosophical basis  Medical basis

I hereby acknowledge that the above is complete and accurate and that Central Washington University maintains the right to require documentation of these immunizations if requested. I also understand that the CWU Student Medical Clinic may have access to this information within the Student Medical Clinic's policies of confidentiality.

\_\_\_\_\_  
 Signature of Student (Parent/Guardian if Minor)

\_\_\_\_\_  
 Date



## PROOF OF FINANCIAL RESPONSIBILITY

### International Exchange Students

The Department of Homeland Security and Central Washington University require verification of adequate finances from applicants with or applying for J1 visas. Tuition and mandatory fees are covered by the exchange agreement, but students must be prepared to pay for living expenses, books and supplies, course specific fees, personal expenses, and/or any fines that they may accrue. All expenses must be paid by the 7<sup>th</sup> day of each quarter. If students do not pay the required funds indicated below, CWU must notify the Department of Homeland Security that the student has failed to meet the requirements for an exchange student visa.

**SUMMARY OF ESTIMATED EXPENSES FOR 2013-2014:**

	<u>Per quarter</u>	<u>Full year</u>	
TUITION AND FEES	\$0	\$0	(covered through the exchange agreement)
HOUSING AND MEALS	*3,505	**8,873	
BOOKS AND SUPPLIES	350	1,050	
MISCELLANEOUS EXPENSES	<u>1,000</u>	<u>3,000</u>	
<b>TOTAL</b>	<b>\$4,855</b>	<b>\$12,923</b>	

\*amount based on standard shared room with medium meal plan for fall quarter. Winter and spring quarters will be less. See "CWU Housing Options" list for details.

\*\*amount based on standard shared room with medium meal plan.

This is to certify that I, \_\_\_\_\_ (Name of Student), have the necessary funds available to me for \_\_\_\_\_ (# of qtrs.) \_\_\_\_\_ quarter(s) that I am in attendance at Central Washington University. These funds come from the following sources:

- USD\$ \_\_\_\_\_ from student's personal savings
- USD\$ \_\_\_\_\_ from parent(s) or guarantor (signature required below)
- USD\$ \_\_\_\_\_ from CWU waivers
- USD\$ \_\_\_\_\_ from home government scholarship (scholarship award letter must be attached)
- USD\$ \_\_\_\_\_ from other sources (describe) \_\_\_\_\_
- Total \$** \_\_\_\_\_ (must be equal or greater than total expenses)

**Student's Signature**

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I will have available to me the full amount reported above for the first year of study. I will also have adequate funds available for subsequent years.

\_\_\_\_\_  
Signature of Student
CWU Student ID
Date

**Parent or Guarantor's Signature (Must be signed by parent or guarantor)**

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I will have available to me the full amount reported above for the student's first year of study. I will also have adequate funds available for subsequent years.

Guarantor's Signature \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

Guarantor's Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

Name and Address of Bank \_\_\_\_\_

Verification of financial ability must be documented by a certified statement from the applicant's and/or guarantor's bank(s). The certified letter must be dated and may be **no more than three months old** at the time we receive it. The letter **must also state** that there is "in excess of [appropriate amount] in U.S. funds available" for the student's length of stay. Please attach the bank statement to this form and submit to the CWU Study Abroad and Exchange Office. Photocopies, scan or faxed copies of the bank statement will **NOT** be accepted.