

Alfred University

Exchange Student Application 2010-2011

Application deadlines: Fall semester-April 15
Spring semester-October 15

Office of Admissions
Alumni Hall
1 Saxon Drive
Alfred, New York 14802
TEL: 607-871-2115
FAX: 607-871-2198
E-Mail: admissions@alfred.edu

THIS APPLICATION IS FOR THE FOLLOWING:

Student to enter: () Fall: 2010 () Spring: 2011 () Year Exchange OR () Semester Exchange

Current College/University _____

Your faculty/international program advisor _____ / _____
Last/Family First/Given Email

You must have been nominated for exchange to Alfred University by your International Office, prior to submitting this application.

APPLICATION FOR ADMISSION TO THE FOLLOWING: (Check only one)

- () College of Liberal Arts and Sciences tentative major _____ () Inamori School of Engineering tentative major _____
() College of Business tentative major _____ () School of Art and Design (*portfolio required*) tentative concentration _____

PERSONAL DATA

Name (as it appears on your passport) _____
Last/Family First/Given Middle

Permanent Address _____
Street/Number

Town or City _____ Country _____ Post Code _____

Telephone _____ Fax _____ Email _____

Correspondence Address (if different from permanent address) _____

Mailing address in effect until: _____

Sex: () Male () Female Date of Birth ____/____/____ Place of Birth _____
(month/day/year) (City and Country)

Country of Citizenship _____ Country of Residency _____

****PLEASE SEND A LEGIBLE COPY OF YOUR PASSPORT ALONG WITH THIS APPLICATION.**

FAMILY DATA

Father's (or Guardian's) Name () Living () Deceased () Divorced or Separated

Father's Home Address

Father's Employment Position Employer

Mother's (or Guardian's) Name () Living () Deceased () Divorced or Separated

Mother's Home Address

Mother's Employment Position Employer

If you come to study at Alfred University, will any family members accompany you? () Yes () No
 If yes, please provide the following information:

_____/_____/_____/_____/_____
 Family name, Given name Relationship Date of Birth (mm/dd/yy) City and Country of Birth Citizenship Residency

EDUCATIONAL INFORMATION

List colleges in order of dates attended:

 Name of College 2 or 4 years Location Public/Private Dates Attended

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REQUIRED SIGNATURE

I declare that the information given on this application is true and complete to the best of my knowledge. I understand that any unanswered questions will delay the processing of my application. I agree that I have been nominated for an exchange program between Alfred University and _____.

 Signature of Applicant Date

 Signature of Advisor, International Programs Date

PROOF OF FINANCIAL SUPPORT

Students attending Alfred University on an exchange must provide financial documentation for the estimated annual costs listed below. Please send an original bank statement or official letter in English from the bank indicating the account balance and account type along with this completed application.

Estimated Annual Expenses for the 2009-2010 Academic Year

Room & Board*	\$11,364
Student Medical Insurance- Must show proof of current insurance	
Books and supplies*	\$1,100
Personal expenses* (transportation, telephone calls, recreation allowance, medicines, etc.)	\$2,100
Total Annual Expenses	\$14,564 USD

**These expenses are estimates and actual expenses may vary according to the student and major. Transportation to and from the United States is not included in these estimated expenses.*

PLEASE NOTE: The total estimated expenses for exchange students attending Alfred University for one semester are \$7,282 USD.