

**The University of New Mexico  
Office of International Programs & Studies**

**One-to-One Exchange Application**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Semester/Session:**

*(Circle one)*  
Summer 2009    Fall 2009    Spring 2010    OR    Academic Year 2009-2010

**Host University:**

*First Choice:* \_\_\_\_\_

*Second Choice:* \_\_\_\_\_

*Third Choice:* \_\_\_\_\_

**Required Application Document Checklist:**

1. Cover Sheet (this page)
2. Personal / Emergency / Special Needs & Educational Information
3. Background Information Sheet
4. Statement of Purpose (must include another if language of host univ. is not English)
5. List of Extracurricular Activities and/or Recent Résumé
6. Recommendation List
7. Faculty/Academic Recommendations (**two** required)
8. Foreign Language Report (only if language of host university is not English)
9. Proposal of Coursework Abroad
10. Financial Statement Sheet
11. Study Abroad Budget Sheet
12. Acknowledgement of Risk and Conditions of Participation Form
13. 1 Official University Transcript (with most recent semester included)
14. Copy of Passport
15. Two passport-size (2" by 2") photographs
16. Receipt for Application Fee - \$150.00 (must pay at UNM Cashier's Office)

***Please submit all materials by: FEBRUARY 15 for fall start & OCTOBER 1 for spring start***

**TO:**  
**Office of International Programs & Studies**  
**University of New Mexico**  
**Mesa Vista Hall, Rm. 2111**  
**Albuquerque, NM 87131-1056 USA**  
**Tel. (505) 277-4032 Fax (505) 277-1867**  
**ATTN: Lauren Fowler Young**

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male / Female Ethnic Information:  American Indian  African American  
 Asian or Pacific Islander  Latin/Hispanic  White/ Non-Hispanic

Personal Address:

\_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email (one that you check consistently): \_\_\_\_\_

Summer/Winter break Address & Telephone (if different from above):

\_\_\_\_\_  
To help us place you, please briefly describe your personality:

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Permanent/Parent's Address:

\_\_\_\_\_  
Street City State Zip

Telephone Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

UNM College or Department: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Status:  Freshman  Sophomore  Junior  Senior  Graduate

Cumulative GPA: \_\_\_\_\_

Number of credits completed to date: \_\_\_\_\_ Number of credits enrolled in current term: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Do you have any incomplete grades, missing grades, or other deficiencies (e.g. failure to complete required proficiency tests)?  Yes  No

If yes, please explain:

\_\_\_\_\_

Language Qualifications (IF APPLICABLE):

Please list all language courses completed and/or in progress:

Course Title and Number	Grade Received
_____	_____
_____	_____
_____	_____
_____	_____

**SPECIAL NEEDS OR CIRCUMSTANCES**

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be needed; a documented disability which may require academic accommodation (e.g., note takers, taped texts); a medical condition which might require immediate attention during exchange; or a condition which might affect emotional or mental well-being during exchange, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you on this campus. Also indicate whether or not we may contact your requested host campus at this time. The Office of International Programs and Studies (OIPS) does not discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process is invited in order to assist you in identifying a placement site which can provide reasonable accommodation of your needs. Following placement, it is your responsibility to consult the host campus coordinator to determine the deadlines by which you must submit written, current, and professionally documented information as required by your host campus.

**OTHER CONSIDERATIONS**

Have you ever been convicted of a felony?  Yes  No

Are you on probation, parole, or have any legal judgments pending against you either inside or outside campus?  Yes  No

If yes, please explain:

\_\_\_\_\_

Are you currently under any campus disciplinary action for violation of codes of academic or student conduct?  Yes  No

If yes, please explain:

\_\_\_\_\_

Do you have any outstanding indebtedness to the campus?  Yes  No

## **STATEMENT OF PURPOSE\***

In the space below (or an attached document), briefly explain your reasons for wishing to study abroad. Please include the course of study you intend to pursue at the host university, and describe how this experience will enhance your academic plan at UNM. This should be a standard, written or typed, essay (4-5 paragraphs with introduction, body, and conclusion). If relevant, you may wish to include a statement of future career plans. (*\*Students applying for a host university, at which all courses will be taught in a language other than English, should submit an additional "Statement of Purpose" written in the host country language.*)

**LIST OF EXTRACURRICULAR ACTIVITIES**

In the space below (or on attached document), list fellowships, honors, extracurricular activities, publications, exhibitions, performances, etc. You are also permitted to attach your recent résumé.

**RECOMMENDATIONS REQUESTED**

In the spaces below please list the names, places, and departments of the persons that you have requested to complete the following documents for your applications.

1. Faculty Recommendations (2 REQUIRED): \_\_\_\_\_  
(Letters from TA, GA, etc. are acceptable) \_\_\_\_\_
2. Foreign Language Reports: \_\_\_\_\_
3. Advisor's Approval of Course Outline: \_\_\_\_\_
4. Other: \_\_\_\_\_

**FACULTY RECOMMENDATION**

**To be completed by applicant:**

Name: \_\_\_\_\_ Field of Academic Study: \_\_\_\_\_

Host University: \_\_\_\_\_

**For official use only!**

**To be completed by a faculty member familiar with applicant's academic performance:**

(1) How long and in what capacity have you known the applicant (2) The general quality of the applicant's academic work (3) Your perception of the applicant's suitability for an international exchange program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

***Please submit by: FEBRUARY 15 for fall/ year & OCTOBER 1 for spring/year***

**TO:**

**Office of International Programs & Studies**

**University of New Mexico**

**Mesa Vista Hall, Rm. 2111**

**Albuquerque, NM 87131-1056 USA**

**Tel. (505) 277-4032 Fax (505) 277-1867**

**ATTN: Lauren Fowler Young**

**FACULTY RECOMMENDATION**

**To be completed by applicant:**

Name: \_\_\_\_\_ Field of Academic Study: \_\_\_\_\_

Host University: \_\_\_\_\_

**For official use only!**

**To be completed by a faculty member familiar with applicant's academic performance:**

(1) How long and in what capacity have you known the applicant (2) The general quality of the applicant's academic work (3) Your perception of the applicant's suitability for an international exchange program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

***Please submit by: FEBRUARY 15 for fall/ year & OCTOBER 1 for spring/year***

**TO:**

**Office of International Programs & Studies**

**University of New Mexico**

**Mesa Vista Hall, Rm. 2111**

**Albuquerque, NM 87131-1056 USA**

**Tel. (505) 277-4032 Fax (505) 277-1867**

**ATTN: Lauren Fowler Young**

**PROPOSAL OF COURSEWORK ABROAD**

**To be completed by the applicant:**

Name: \_\_\_\_\_ Field of Academic Study: \_\_\_\_\_

Host University: \_\_\_\_\_

**Proposed Course Work at Host University:** Please list at least 10-12 courses that are included in the host university catalog. Please discuss with your advisor if you have the appropriate pre-requisites for these courses, and if you believe the courses will approximate or supplement your UNM degree requirements. If possible, include or attach course descriptions.

*Please submit by: FEBRUARY 15 for fall/ year & OCTOBER 1 for spring/year*

**TO:**

**Office of International Programs & Studies**

**University of New Mexico**

**Mesa Vista Hall, Rm. 2111**

**Albuquerque, NM 87131-1056 USA**

**Tel. (505) 277-4032 Fax (505) 277-1867**

**ATTN: Lauren Fowler Young**

**FINANCIAL STATEMENT**

**To be completed by the applicant:**

Name: \_\_\_\_\_ Host University/Program: \_\_\_\_\_

**To be completed by your Student Financial Aid Advisor, your bank/savings and loan institution (where you may have a loan) or by your parent or guardian.**

Please describe below any scholarships, grants, loans, savings or family assistance which the applicant is expected to have available to cover the expenses incurred as an international exchange student. The purpose of this statement is to provide UNM and the host university with information regarding the applicant's current and anticipated financial resources.

**Commercial Institution:**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Financial Aid Office (if applicable):**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**UNM Scholarship Office (if applicable):**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Guardian:**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDY ABROAD BUDGET WORKSHEET**

In the space below, please list the estimated costs and projected resources for your time abroad.

Name: \_\_\_\_\_ Host University/Program: \_\_\_\_\_

Length of Time: (*circle one*) Semester / Academic Year/ Summer

**Estimated Expenses**

Tuition (if applicable) \_\_\_\_\_

Room and Board (check host univ. website) \_\_\_\_\_

Books and Study Supplies \_\_\_\_\_

Health Insurance (required) \_\_\_\_\_

Roundtrip Airfare \_\_\_\_\_

Other Travel/Transportation \_\_\_\_\_

Personal Expenses \_\_\_\_\_

Entertainment (meals, etc.) \_\_\_\_\_

Telephone, Internet \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

**Total Projected Resources**

Financial Aid and Loans \_\_\_\_\_

Earnings/Savings \_\_\_\_\_

Family Support \_\_\_\_\_

Other Resources \_\_\_\_\_

**TOTAL RESOURCES** \_\_\_\_\_

**THE UNIVERSITY OF NEW MEXICO  
OFFICE OF INTERNATIONAL PROGRAMS & STUDIES  
SEMESTER EXCHANGE PROGRAMS**

**ACKNOWLEDGEMENT OF RISK & CONDITIONS OF PARTICIPATION**

I, the undersigning Participant, am aware of and agree to the following Acknowledgement of Risk and Conditions of Participation in the University of New Mexico (UNM) International Programs and Studies' exchange program with

---

*(Name of Reciprocating University or Institution)*

in \_\_\_\_\_  
*(Name of City and Country)*

1. The dates I will be attending the Program are \_\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_  
*(Month and Day) (Month and Day)*
2. I am not required to attend the Program as part of my courses of study at UNM; I am voluntarily participating in the Program.
3. Full-time tuition (12 hours/6 in summer) per semester is to be paid to UNM prior to any indicated university deadlines. **THE TUITION PAYMENT IS NON-REFUNDABLE AND CANNOT BE APPLIED TO ENROLLMENT AT UNM IF THE PARTICIPANT DECIDES TO WITHDRAW FROM THE PROGRAM, OR RETURNS BEFORE THE END OF THE ACADEMIC YEAR.**
4. UNM credit hours will be awarded only upon successful completion of the course(s) and only if the credits are transferable and accepted by the Office of International Admissions, the Office of Graduate Studies, or individual colleges, as needed. **I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ATTAIN DEPARTMENTAL APPROVAL OF CREDIT TRANSFERS BEFORE MY DEPARTURE, AND THAT IT IS MY RESPONSIBILITY TO FOLLOW THROUGH WITH CREDIT TRANSFERS ONCE I RETURN.**
5. Unless otherwise indicated, arrangements for housing, room, board, transportation, passports and visas (if necessary) are the sole and absolute responsibility of the Participant. UNM may provide living and travel information, but is not responsible for making any housing or transportation arrangements for the Participant.

I am aware of all my personal medical needs and I state that there are no health related reasons or problems which preclude my participation in this Program. I have obtained the required immunizations, if any.

---

*(Initial here and continue on next page)*

6. I acknowledge that UNM does not provide health or accident insurance for Program participants, nor is UNM responsible for any medical services which I might need. I agree to be responsible for any medical bills incurred by me as result of any needed medical treatment. I agree to purchase insurance coverage that covers the requirements for the Host University and UNM. I acknowledge that UNM does not assume any legal or implied responsibility for the health and safety of the Participant during the period of the Program. All such arrangements are the sole responsibility of the Participant.
7. As a participant in foreign travel and study, I recognize that there are certain risks and hazards that may arise in the course of the Program, possibly in remote locations, including illness or accidents while attending classes at the host institution and while traveling and participating in Program excursions. In consideration of the right to participate in the Program, I do expressly assume all of these risks, and I hereby expressly agree that any claim I may have now or in the future against UNM, its officers, employees or agents, whether in contract or in tort arising out of my participation in this Program, wherever such claim arises, shall be governed by the law of the State of New Mexico, including the New Mexico Tort Claims Act, Section 41-4-1 et seq., NMSA 1978, as amended, which I understand imposes limitations and restrictions upon civil lawsuits against UNM and its employees.
8. The Participant shall indemnify, defend and hold harmless the Host University, the Regents of UNM in their personal capacities and as a body corporate, the Office of International Programs and Studies, its officers and employees in their personal and official capacities, and other Participants, including their heirs, executors, administrators, agents, successors and assigns, from and against any claim for damages or injuries to persons or property asserted by any person, partnership, corporation or other organization arising out of or in any way related to the Program.
9. I acknowledge that UNM reserves the right to cancel the Program without penalty or to make any modifications in the itinerary and/or academic program as deemed necessary by UNM.
10. I acknowledge receiving from UNM health and safety guidelines, including United States State Department travel information, if available, for this Program site. I have read and understand all of this information.
11. I acknowledge that the UNM code of conduct, a copy of which I have received, applies to my participation in this Program and that as a guest in a foreign country, I am subject to the laws and customs of that country. I understand that unacceptable behavior on my part may lead UNM to terminate my participation in the Program.
12. As a condition of my participation, I agree to attend all pre-departure meetings, information sessions and appointments.

---

*(Initial here and continue on next page)*

13. These Conditions of Participation incorporate all of the conditions, agreements, representations and understandings between the parties concerning this Program, and all such conditions, agreements and understandings have been merged into this written Conditions of Participation. No prior condition, agreement, representation or understanding, verbal or otherwise, of UNM, the Host University or their agents shall be valid or enforceable unless embodied in this written Acknowledgement of Risk Conditions or Participation.

#### **RELEASE OF INFORMATION and OFF-CAMPUS STUDY ARRANGEMENTS**

1. The collection, retention, and dissemination of your records, and information about you are subject to federal regulation under the Family Educational Rights and Privacy Act of 1974. You are responsible for specifying the persons or agents who have access to your records. Therefore, it is necessary that we obtain your permission to request and release information pertinent to your exchange. Please read the following statements and sign below:
2. I understand that it will be necessary for my campus to obtain certain information about my academic and non-academic record in order to: 1) ascertain my eligibility and suitability for an exchange through OIPS, and 2) facilitate my exchange after it is arranged. I hereby grant permission to the OIPS study abroad coordinator and/or designee to obtain information that is appropriate to my application and participation in the exchange including, but not limited to, letters of recommendation, permanent academic records and transcripts, conduct, fiscal records, medical records, all for the purposes of exchange placement and participation, continuation, or termination.
3. I give permission to the OIPS coordinator and/or designee to contact appropriate personnel in order to verify that I am under no disciplinary action for violation of codes of academic and student conduct and/or that I have no judicial cases pending which would invalidate my eligibility for exchange.
4. I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the OIPS application process to my home university coordinator, designee, and those individuals/committees responsible for reviewing and approving my application for exchange participation.
5. I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the OIPS application process and to the host institution at which I am placed.
6. I understand that should I fail to make full payment for all required fees charged by my host institution prior to my return to the University of New Mexico – I may have a hold placed on my account, which will prohibit me from registering for future classes at the University of New Mexico.

---

*(Initial here and continue on next page)*

7. The University of New Mexico assumes no responsibility and disclaims any liability for any damages or injury suffered by a student by reason of negligent, wrongful acts or failure to act by any person or an institution with whom the university may make arrangements for the promotion, facilitation and/or operation of any off-campus study program. The term University of New Mexico and University as used above includes the Board of Governors for Education for the State of New Mexico, its successors and its agents, servants, and employees.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed/Typed Name of Participant*

\_\_\_\_\_  
*Co-Signature of parent or guardian if  
Participant is under 18 years of age.*

***Please submit by: FEBRUARY 15 for fall/ year & OCTOBER 1 for spring/year***

**TO:**

**Office of International Programs & Studies  
University of New Mexico  
Mesa Vista Hall, Rm. 2111  
Albuquerque, NM 87131-1056 USA  
Tel. (505) 277-4032 Fax (505) 277-1867  
ATTN: Lauren Fowler Young**

**OFFICE OF INTERNATIONAL PROGRAMS & STUDIES**

**INSURANCE INFORMATION**

**(Required Before Departure)**

I, the Undersigned, fully understand that the Office of International Programs and Studies and the University of New Mexico assume no legal or implied responsibility for any Study Abroad Programs offered through the Office of International Programs and Studies. Housing, travel, sightseeing, and personal expenses will be the individual participant's responsibilities. I also agree to provide my own health and accident insurance and understand that this insurance is required for participation in the program.

I am covered under my own policy with

\_\_\_\_\_

*Name of Company*

Of \_\_\_\_\_;

Policy number: \_\_\_\_\_

Or, I am covered under

\_\_\_\_\_

*Name and Relationship of Policy Holder*

\_\_\_\_\_ Of \_\_\_\_\_;

*Name of Company*

*City/State*

Policy number:

\_\_\_\_\_

Your Name (please print)

\_\_\_\_\_

Program Attending (Place, Dates)

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AS OF FALL 1999 THE OFFICE OF INTERNATIONAL PROGRAMS AND STUDIES IS REQUIRING YOU TO PURCHASE HTH WORLDWIDE INSURANCE WHICH COSTS APPROXIMATELY \$32 A MONTH OR UNM HEALTH INSURANCE. PLEASE FILL OUT THE ENCLOSED FORM WITH YOUR INSURANCE COVERAGE INFORMATION, AND RETURN IT WITH YOUR STUDY ABROAD APPLICATION.**