

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. international@champlain.edu

2024-2025

to End	
(Middle)	(Last)
ame on Your Passport EXACTLY)	
(Country)	
E-mail	
Male	Female
Year)	
Country of Birth City	/ of Birth
YOUR HOME INSTITUTION	
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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:

- 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 <u>jkarki@champlain.edu</u>.