



PITZER COLLEGE-KOBE WOMEN'S UNIVERSITY Application
1050 N. Mills Avenue
Claremont, CA 91711

GENERAL INFORMATION
Phone: (909) 607-8172 or (909) 621-8308
Email: pace@pitzer.edu Fax: (909) 621-0518

Personal Information

Full Name: (as shown in passport) _____

Nickname (If applicable) _____

Birth Date (month/day/year) _____ Country of Birth: _____ Gender: _____

Passport Information: _____
Passport Number Country of Citizenship Expiration Date (mm/dd/yr) Place of Issue

Home University: _____ Class Standing: 1st Year 2nd Year 3rd Year 4th Year

Major: _____ Faculty Advisor: _____

Student's Mailing Address at University

Street Address and/or Box Number City State Zip Code

Phone Number (with area code) Cell Phone Number (with area code) Email Address

Student's Permanent Contact Information (please indicate an address where you can always be contacted or receive mail)

Street Address and/or Box Number City State Zip Code

Phone Number (with area code) Email Address

Mother's Name (or Guardian) **In the event of an emergency, should this person be contacted?** Yes No

Mother's Mailing Address (if different from above) City State Zip Code

Home Phone Number (with area code) Work Phone Number (with area code) Email Address

Father's Name (or Guardian) **In the event of an emergency, should this person be contacted?** Yes No

Father's Mailing Address (if different from above) City State Zip Code

Home Phone Number (with area code) Work Phone Number (with area code) Email Address

Emergency Contact Information - Complete this section **only if your parent(s) or guardian is not your emergency contact** (indicated with check-box above).

Name: _____ Relationship to you: _____

Home Phone: _____ Work phone: _____ Email Address: _____



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Language Skills List languages in which you consider yourself a native speaker : _____

Previous Language Study List all languages studied for credit (including high school)

Language: _____ Years Studied: _____ - _____ Highest college level completed: Elementary Intermediate Advanced

Language: _____ Years Studied: _____ - _____ Highest college level completed: Elementary Intermediate Advanced

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Information Distribution Waiver Please check one box for each statement and sign below. If not completed, permission to release this information will be assumed.

1. Pitzer College may distribute my contact information to my fellow program participants before the program. Yes No
2. Pitzer College may release information related to my participation on this program to my parent(s) or guardian(s). Yes No
3. Pitzer College may release information related to my participation on this program to officials from my home institution (e.g. financial aid officers, study abroad staff, faculty advisors, Student Affairs Office etc.). Yes No
4. After completing the program, Pitzer College may distribute my contact information to prospective students who would like to speak to program returnees for additional program details. Yes No
5. Pitzer College may use my written materials from the program for educational development. Yes No

Signature: _____ Date: _____

Student Consent: I confirm that I have read and understood the pertinent regulations and conditions of participation for exchange. I hereby make application to the program listed on this form, and I do so with the understanding that should I accept an offer of admission, I will agree to accept and abide by the conditions of participation and enrollment, and by the regulations of my home institution. I understand that photographs will be taken during program participation and may be used in future publications. I will participate fully in the orientation, all program components and evaluation process, and will observe deadlines for submission of all required materials.

- I further give permission to my university to release my transcripts and information applicable to my suitability for participation in the program at Pitzer College.
- I understand that I am required to request that an official transcript be sent from the registrar of my home university to Pitzer College.
- I understand that I must have health/medical insurance for the full period of my stay in the United States. On arrival, I will show proof of having such insurance, or purchase the insurance coverage offered by Pitzer College. Should a medical emergency arise during my stay in the United States, permission is granted to Pitzer College or any appropriate authority to arrange treatment, including repatriation at my expense, and to release medical information for diagnosis and insurance purposes. I absolve Pitzer College and its representatives from any liability for such action taken on my behalf.

Name (printed) _____

Signature: _____ Date: _____



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DECLARATION OF DISABILITY OR SPECIAL NEEDS
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Pitzer College does not discriminate on the basis of disability in the administration of its admission policies, educational policies, or other College-administered programs. However, possibilities for reasonably accommodating students with physical, medical, psychological or learning disabilities may be limited. The ability of Pitzer College to offer reasonable accommodation to students with disabilities or special needs on exchange is addressed on a case by case basis. If you have a physical, medical, psychological, or learning disability, or there are any other factors for which you may require reasonable accommodation, it is essential that you clearly state this information on the form below. We will discuss your case with you, request additional documentation or information if necessary, and make an assessment of what reasonable accommodations can be made to meet your needs while on exchange. You can then make an informed decision about the viability of your participation.

Please check one of the boxes below:

- Yes, I have a physical, medical, psychological, or learning disability for which I will or may require reasonable accommodations in my exchange program.
- No, I do not have any physical, medical, psychological, or learning disability or any other condition for which I will require reasonable accommodation in my exchange program.

If you checked the yes box above, specifically what accommodation are you requesting? Please describe in detail the nature of your disability or special need. Continue on the back of this form if you need more space to write.

How do you anticipate your disability or special needs will impact your participation on the program?

What accommodations are currently provided by your home university to meet your special needs? Please note that Pitzer College may not be able to provide a similar level of reasonable accommodation.

I give permission to my university to release information to Pitzer College about the disability, accommodations or special needs I have identified above. I have read and understood this form in its entirety and certify that the information I have provided is true.

Print Name _____ Signed at _____

(Please indicate city and state/province.)

Signature _____ Date _____



HOMESTAY APPLICATION

You will live with a host family during your stay at Pitzer. Please fill out this form so we have information to match you with your host family.

Family Name _____ First Name _____ Nickname _____

Birthdate (month/day/year) _____ Please call me: _____

Nationality _____ Native language _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Brothers and Sisters (names and ages) _____

English Ability: Beginner Lower Intermediate Upper Intermediate Advanced

What are your hobbies or interests? _____

Sports you enjoy playing _____ Sports you enjoy watching _____ Favorite type of movie _____

Favorite type of music _____ Favorite type of book _____ Favorite type of TV show _____

Favorite food _____ Other interests _____ Describe your personality _____

Have you ever been abroad before? Yes No If yes, where and how long? _____

Do you smoke? Yes No Sometimes Do you mind if family members smoke? Yes No

Do you like small children? Yes No Tolerate Do you like animals? Yes No Tolerate

I am allergic to _____ (name the animal) I am very afraid of _____ (name the animal)

Do you have any medical problems that we should know about? Yes No

If yes please explain _____

Do you have any dietary(food) restrictions that we should know about? Yes No

If yes please explain _____

When you arrive, will you have health insurance that will cover you while you are in the U.S? Yes _____ No _____

Whom would you like as your KWU homestay partner? Name: _____ Anyone



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AIRPORT WELCOME FORM
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ARRIVAL INFORMATION FORM FOR AIRPORT WELCOME

Please return this form at least **three weeks prior to your arrival.**

**PLEASE ATTACH A
 PHOTOGRAPH OF
 YOURSELF HERE**

Date: _____

Name: _____

Your Fax Number or Email Address
 (for confirmation of your reservation): _____

Date that your Program starts: _____

Your arrival information:

Arrival Date: _____

Arrival Time: _____

Flight Number: _____

Airline: _____

Flight departs from: _____

Flight arrives at: _____

Connecting flights: _____

Other arrival information:

Upon receipt of this form, we will send you confirmation of your Airport Welcome. Please notify us by telephone (909) 621-8308, FAX (909) 621-0518 or e-mail (pace@pitzer.edu) if you make any change in this reservation or need to cancel.