



## Pitzer College Domestic Exchange Application

Semester(s) and year(s) to study at Pitzer College    Fall of \_\_\_\_\_    Spring of \_\_\_\_\_

**Name** (as shown in passport) \_\_\_\_\_

\_\_\_\_\_  
Name you prefer to be called    Birth Date (month/day/year)    Country of Birth    Gender Pronouns

\_\_\_\_\_  
Passport Number    Country of Citizenship    Expiration Date (mm/dd/yy)    Place of Issue

**Home University** \_\_\_\_\_ Class standing    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup> year

Major \_\_\_\_\_ Faculty Adviser \_\_\_\_\_

### Student's Contact Information at University

\_\_\_\_\_  
Street Address and/or Box Number    City    State or Province    Postal Code    Country

\_\_\_\_\_  
Mobile    Phone    University Email

### Permanent Contact Information

 An address not listed above where you can always be contacted or receive mail

\_\_\_\_\_  
Street Address and/or Box Number    City    State or Province    Postal Code    Country

\_\_\_\_\_  
Phone    Personal Email

\_\_\_\_\_  
**Mother/Guardian**    In the event of an emergency, should this person be contacted?    Yes    No

\_\_\_\_\_  
Street Address and/or Box Number    City    State or Province    Postal Code    Country

\_\_\_\_\_  
Mobile    Home Phone    Email

\_\_\_\_\_  
**Father/Guardian**    In the event of an emergency, should this person be contacted?    Yes    No

\_\_\_\_\_  
Street Address and/or Box Number    City    State or Province    Postal Code    Country

\_\_\_\_\_  
Mobile    Home Phone    Email

\_\_\_\_\_  
**Name of Emergency Contact** - only if you selected 'no' for all people listed above    Relationship to you

\_\_\_\_\_  
Mobile    Home Phone    Email

Pitzer College Office of Study Abroad and International Programs  
West Hall, Suite Q100, 1050 North Mills Avenue, Claremont, CA 91711  
Telephone 909.621.8104 • Email [exchanges@pitzer.edu](mailto:exchanges@pitzer.edu)

# Pitzer College Domestic Exchange Application

Name \_\_\_\_\_

## Courses in Progress at your Home Institution - list courses in which you are currently enrolled

Dept. or Field Course Title

Dept. or Field Course Title

Dept. or Field Course Title

Dept. or Field Course Title

Dept. or Field Course Title

Dept. or Field Course Title

## Language Skills

List any languages in which you consider yourself a native speaker \_\_\_\_\_

List any languages you studied in high school and the number of years you studied them

\_\_\_\_\_

## List all languages completed for college credit

Language \_\_\_\_\_ courses completed (indicate level, course number, semester, and year)

\_\_\_\_\_

Language \_\_\_\_\_ courses completed (indicate level, course number, semester, and year)

\_\_\_\_\_

Language coursework currently in progress

\_\_\_\_\_

What other language courses will you take prior to participation in this program (including summer courses)?

\_\_\_\_\_

# Pitzer College Domestic Exchange Application

## Information Distribution Waiver

Please enter yes or no for each statement. If not indicated, permission to release this information will be assumed.

- Pitzer College may distribute my email address and phone number to other program participants before the program. Yes      No
- Pitzer College may release information related to my participation on this program to my parent(s) or guardian(s). Yes      No
- After completing the program, Pitzer College may distribute my email address or phone number to prospective students who wish to speak to program returnees for additional program details. Yes      No
- Pitzer College may use my written materials from the field book, the directed independent study project (DISP) and the program evaluation for educational development purposes. Yes      No

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

## Student Consent

I hereby make application to study abroad, and I do so with the understanding that should I accept an offer of admission; I will agree to accept and abide by the regulations of the sponsoring institution(s). I understand that photographs may be taken during program participation and may be used in future publications. I agree to participate fully in the orientation, all program components and evaluation process, and will observe deadlines for submission of all required materials. 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 advisers, Student Affairs Office, etc.).

- I give Pitzer College permission to release information related to my participation on this program to officials from my home institution (e.g. financial aid officers, study abroad staff, faculty advisers, Student Affairs Office, etc.).
- I further give permission to my university to release my transcripts and information applicable to my suitability for International Exchanges to 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.

Name \_\_\_\_\_

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

A study abroad program may create emotional and physical stress for those living in a different environment for an extended period of time. You are asked to carefully consider your physical and mental health in relation to the exchange program's location, requirements, and the conditions in which you will be living.

This form is required after acceptance to an exchange program, but may be submitted with the initial application. Additional sheets may be submitted if needed to provide further details.

Student Name \_\_\_\_\_

Home University \_\_\_\_\_ Semester of Participation \_\_\_\_\_

Birth Date \_\_\_\_\_ How would you describe your general health?  Excellent  Good  Fair  Poor  
(month/day/year)

Do you have any food allergies or dietary restrictions based on medical conditions or religious beliefs? (Be specific) \_\_\_\_\_

Do you have any known allergies to medications or vaccines? (Provide details) \_\_\_\_\_

**Please check if you have had:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Amoebic dysentery          | <input type="checkbox"/> Depression                         | <input type="checkbox"/> Immune system problems     | <input type="checkbox"/> Rheumatic fever    |
| <input type="checkbox"/> Anemia                     | <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Kidney trouble             | <input type="checkbox"/> Rubella            |
| <input type="checkbox"/> Appendicitis               | <input type="checkbox"/> Diphtheria                         | <input type="checkbox"/> Malaria                    | <input type="checkbox"/> Scarlet fever      |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Ear infection                      | <input type="checkbox"/> Measles                    | <input type="checkbox"/> Severe headaches   |
| <input type="checkbox"/> Back Problems              | <input type="checkbox"/> Eating disorder (anorexia/bulimia) | <input type="checkbox"/> Menstrual difficulty       | <input type="checkbox"/> Sinus problems     |
| <input type="checkbox"/> Bleeding/clotting problems | <input type="checkbox"/> Epilepsy                           | <input type="checkbox"/> Migraine headache          | <input type="checkbox"/> Smallpox           |
| <input type="checkbox"/> Bronchitis                 | <input type="checkbox"/> Eye trouble                        | <input type="checkbox"/> Mononucleosis              | <input type="checkbox"/> Stomach ulcer      |
| <input type="checkbox"/> Bone infection             | <input type="checkbox"/> Fainting spells                    | <input type="checkbox"/> Mumps                      | <input type="checkbox"/> Tetanus            |
| <input type="checkbox"/> Cancer/leukemia            | <input type="checkbox"/> Hay fever                          | <input type="checkbox"/> Painful/swollen joints     | <input type="checkbox"/> Tonsillitis        |
| <input type="checkbox"/> Chicken pox                | <input type="checkbox"/> Hearing loss                       | <input type="checkbox"/> Pneumonia                  | <input type="checkbox"/> Tuberculosis       |
| <input type="checkbox"/> Chronic cough              | <input type="checkbox"/> Heart trouble                      | <input type="checkbox"/> Poliomyelitis              | <input type="checkbox"/> Typhoid fever      |
| <input type="checkbox"/> Chronic diarrhea           | <input type="checkbox"/> Hepatitis                          | <input type="checkbox"/> Recent weight loss or gain | <input type="checkbox"/> Unexplained fevers |
| <input type="checkbox"/> Chronic rash               | <input type="checkbox"/> Hernia problems                    | <input type="checkbox"/> Recurrent dizziness        | <input type="checkbox"/> Whooping cough     |

Explain any recent or serious episodes (Be specific) \_\_\_\_\_

Have you had any serious illnesses not covered above? If yes, please describe \_\_\_\_\_

In the last five years, have you consulted, or been treated by a psychiatrist, clinical psychologist, drug/alcohol counselor, or other mental health professional? If yes, please explain here \_\_\_\_\_

Recent intradermal tuberculin test date (optional, but recommended) \_\_\_\_\_ Results \_\_\_\_\_

If positive, date of last chest x-ray \_\_\_\_\_ Results \_\_\_\_\_

Can you participate in the essential functions of this program without accommodation?  Yes  No If no, what type of accommodation is required? \_\_\_\_\_

I hereby verify that all of the information contained in this form is accurate and acknowledge that failure to provide accurate information may result in my dismissal from the program. I agree to notify Pitzer College of any significant changes in my health that occur after submitting this form. I understand the Office of Study Abroad may share this health report with my study abroad program provider or host institution.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_  
(month/day/year)

**This form must be completed by all participants and is due by the deadline indicated in their acceptance letter.**

Pitzer College does not discriminate on the basis of disability in the administration of its admission policies, educational policies, or other College-administered programs. In many of the countries in which we approve or operate study abroad programs, however, possibilities for reasonably accommodating students with certain physical, medical, psychological or learning disabilities may be limited. The ability of Pitzer College, the exchange host institution or the program sponsor to offer reasonable accommodations during an exchange will vary from program to program and 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 or the ongoing care of a physician or therapist, 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 or arrangement for ongoing care can be made to meet your needs while on exchange. You can then make an informed decision about the viability of your participation on a specific program. The information provided by students on this form will be maintained separately from applications to participate in an exchange program and will not be considered in admissions decisions for the programs. Please check one of the boxes below:

- I do not have any physical, medical, psychological condition, learning disability or any other situation for which I will require reasonable accommodation in my program or ongoing care of a physician or therapist. Should this change prior to participation, I understand I must notify the Office of Study Abroad and International Programs immediately to determine what reasonable accommodations can be provided. Skip questions 1, 2 and 3 and complete the information at the bottom of this page.
- I have a physical, medical, psychological condition, learning disability or other situation for which I will or may require reasonable accommodations or the ongoing care of a physician or therapist while participating on my exchange program. If you check this box, please answer questions 1, 2 and 3 and complete the information at the bottom of this page.

1. What accommodation are you requesting? Be specific. 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.

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

3. What accommodations are currently provided by your home institution to meet your special needs? (Please note that Pitzer College may not be able to provide a similar level of reasonable accommodation while you are on exchange.)

**I give permission to the Office of Academic Support, the Dean of Students or other appropriate officials at my home institution to release information about the disability, accommodations or special needs I have identified above to Pitzer's Office of Study Abroad and International Programs or the sponsor of my exchange program. I have read and understood this form in its entirety and certify that the information I have provided is true.**

Name \_\_\_\_\_

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