



**WORCESTER
STATE
UNIVERSITY**

**International Programs Office
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Passport-size
Photograph
please

INCOMING International Exchange Application Form

This form is for use by students applying for an Exchange Semester or Year at Worcester State University

(Please print or type clearly)

(please tick one box below to indicate which semester)

Proposed Exchange dates: YEAR 20 ____ / 20 ____

Fall Semester (September – December)
 Spring Semester (January – May)

1. Last Name _____ First Names _____
Home Country Address _____ Male / Female

Date of Birth _____ Nationality _____
Telephone _____ Fax _____
E-mail _____
NATIONALITY _____ PASSPORT NUMBER * _____
*** PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS FORM**

2. University or College name _____
(Institution to which you are currently studying and will return to after Exchange)
Year of Entry _____
Previous and Current Study
Diploma / degree for which you are currently studying _____
Number of higher education study years prior to departure abroad _____
Have you already studied abroad? Yes No
If Yes, when? at which institution? _____
Attach Transcript(s) of records including full details of previous and current higher education study.

FOR OFFICE USE ONLY:
ate application received _____ Date accepted _____ Information pack posted _____

3. English language competence
 Is English your first language YES / NO

If English as your second language applicants should provide proof of their level of English

- (i) Give details of English qualifications e.g. TOEFL score
- (ii) Give an estimate of your level of competence in English in relation to
 - (a) oral-listening and speaking
 - (b) reading and writing

If English is not your first language you will be given an assessment test during Induction and advised if you should take one of the English Language modules as part of your study program.

4. **COURSE SELECTION*** (You must take 4 courses each semester)

	Course Number	Course Title
FALL 20__		
2 alternative courses		
SPRING 20__		
2 alternative courses		

** Please note: Courses for fall semester will be available on the WSU website in April and courses for spring will be available on the WSU website in October. You will receive emailed instructions on how to access the course listings.*

SPECIAL NEEDS:

Please detail any physical or other disabilities which might require special arrangements or provision, and any other information you wish to be noted, e.g. special dietary requirements or medical conditions.

5. Student's signature _____ Date _____

6. _____

PLEASE PRINT above the name of International Coordinator at Home institution/organization (as quoted in 2. above)

with whom the International Programs Office at Worcester State University may liaise:

Authorizing signature _____

Title / position _____

Date _____

INSTITUTIONAL STAMP





**Request for Form DS-2019 for J-1 Exchange Visitor
Incoming Exchange Students**

Purpose of Request: New J-1 (), J-1 Extension (), Family DS-2019 (), Transfer ()

Department International Programs Office Date _____

Contact Person Katey Palumbo Phone (508) 929-8835

1. Visitor's name as it is exactly indicated on his/her passport

Family (Last) _____ Given (First) _____ Middle _____

2. Date of Birth: (month) _____ (day) _____ (year) _____ 3. Gender: () Male () Female

4. City of Birth: _____ 5. Country of Birth: _____

6. Country of Citizenship: _____ 7. Country of Permanent Residency: _____

8. Position/Occupation in Home Country (if none, use most recent position or "student"):

9. Dates at WSU: January – May 20 _____ September to December 20 _____

10. Position at WSU: Student, Non-degree

11. Does the Exchange Visitor have adequate English language ability sufficient to perform the expected duties? () Yes () No

12. Source(s) of Financial Support (enter amount in U.S. Dollars)*:

\$ _____ WSU, Will visitor be eligible for tuition waiver, etc?: () Yes () No

\$ _____ Exchange Visitor's Government (attach the award letter (with English translations))

\$ _____ Other Organization (name of organization) _____ (attach the award letter)

\$ _____ Personal funds (attach a financial statement)

13. Has the visitor been in J status (including J-2) within the last 2 years? () Yes () No

If yes, please provide copies of previous DS-2019 forms

14. Is the visitor currently in the U.S? () Yes () No

If yes, please indicate immigration status and provide copies of current immigration documents (i.e. DS-2019, I-20, EAD Card, I-797, etc.) _____

***Financial Support Guidelines:** For Exchange Visitor: \$1000/month. **Health and accident insurance is mandatory for visitors and accompanying dependents. Further details about health insurance will be provided to visitors before their arrival in the U.S. (Exchange Visitors are not required to have insurance upon their arrival in the U.S.)**