

International Exchange Program Application

Part A: Biographical Information

Applicant's full name: _____

Dept & Level: _____ ID #: _____

Local address _____

Local phone _____ E-mail _____

Permanent address (if different than Local Address) _____

Permanent phone _____ Date of Birth _____

I wish to attend (Exchange Partner School): _____

My desired program at the Exchange Partner School is: _____

I am applying to the Exchange Partner School for the following semester:

Fall 201__ (deadline March 1) Spring 201__ (deadline October 1)

Part B: Proposed Program

PROPOSED PROGRAM AT THE EXCHANGE PARTNER SCHOOL: Consult the Exchange Partner School's catalog for information about course offerings and content. Each student is responsible for fulfilling all the course requirements of KCAI. It is imperative that you discuss in advance with KCAI's Academic Advisor all courses that will be taken on Exchange. Exchange Partner Schools retain the right to cancel, substitute, limit, or otherwise alter courses offered in a given semester and to set pre-requisites or conditions for registration in all courses.

- ❖ Please note that course offerings may not be available at the time of application. In this instance, this section will need to be completed prior to departure for participation in the International Exchange Program.

The courses I plan to take while on Exchange are:

_____	_____
_____	_____
_____	_____

International Exchange Program Application

Part C: Departmental Approval

TO THE APPLICANT'S CURRENT DEPARTMENT CHAIR/PROGRAM HEAD: By signing this application you hereby give your consent to the applicant to spend the indicated semester away from KCAI in order to participate in KCAI's International Exchange Program at the Exchange Partner School listed on this application form.

Current department chair/program head approval:

Signature

Date

Comments or stipulations of chair/program head:

Part D: Application Requirements

REQUIRED SUPPORTING DOCUMENTATION: Your International Exchange Application will not be considered complete, and will not be considered for submission to the Exchange Partner School, unless it is submitted with all of the following supporting documentation.

- 2 completed and signed Reference Letter forms
 - 2 accompanying Letters of Recommendation
 - Statement of Purpose (1-2 pages) thoughtfully considering your goals and reasons for seeking admission to the Exchange Partner School as an Exchange Student. It should discuss how the proposed study at the Exchange Partner School relates to your education and career goals. *If the language of instruction at the Exchange Partner School you are applying to is not English, your statement should be written in the native language of the Exchange Partner School so they may assess your language proficiency.*
 - Portfolio of work (approximately 15 images) uploaded to Flickr or comparable site (please provide the link to this portfolio in your Statement of Purpose)
 - Official Transcript
 - Photocopy of the biographical page of your passport
 - If you do not currently have a passport, you will need to apply for one as soon as possible and submit a copy of the application and payment receipt with this application in lieu of a passport copy.
 - Authorization Form
 - Liability/Loss Release Form
 - Off-Campus Program Agreement Form
 - Disclosure of Special Needs Form
- ❖ Please note that each Exchange Partner School may have their own unique application requirements that you may need to complete in addition to the KCAI application requirements. These possible additional application requirements will be requested from you after submission of your KCAI application to the Exchange Partner School.

International Exchange Program Application

Part E: Applicant Acknowledgment

TO THE APPLICANT:

- I understand that it is my responsibility to meet the terms of eligibility for participation in KCAI's International Exchange Program.
 - I understand that the International Exchange Program is competitive and that typically only one KCAI student may attend each Exchange Partner School per semester. I understand that the final decision of which applications KCAI forwards to each Exchange Partner School for their review lies with the International Studies Coordinator based on application information.
 - I understand that the Exchange Partner School has sole discretion in determining acceptance to their Exchange Program as an Exchange Student.
 - I understand that KCAI's approval of my application does not guarantee me admission into the Exchange Partner School's Exchange Program.
 - I understand that I am not admitted as an Exchange Student in the International Exchange Program unless I receive an official admission letter directly from the Exchange Partner School.
 - I understand that acceptance as an Exchange Student at the Exchange Partner School is conditional on my being in good academic standing at the completion of the most recent semester of study prior to the Exchange Semester, and meeting all financial obligations at KCAI.
 - I understand that it is my responsibility to obtain any necessary student visas required by my host country in order to pursue a course of study there.
 - I understand that the Exchange Partner School may not have on-campus housing available to me, in which case it is my responsibility to obtain housing in my host country.
 - I understand that I will be required to maintain health insurance which includes, but is not limited to, emergency medical evacuation and repatriation of remains for the duration of my Exchange Program.
 - I understand that it is my responsibility to verify that courses taken at the Exchange Partner School apply to my plan of study at KCAI.
 - I understand that if I am admitted to the Exchange Program I must pre-register at KCAI for the Exchange Program I plan to attend, as well as for the semester after my return.
 - I understand that I will be required to pay all applicable tuition and fees to KCAI prior to my departure.
 - I understand that upon the completion of the semester at the Exchange Partner School, a transcript of my record will be sent directly to the Registrar's Office at KCAI.
- ❖ I have read and I accept the terms of the International Exchange Program as described in this application.

Applicant's Printed Name

Applicant's Signature

Date

3 of 8

Please return this form along with all the other required materials to:
Emily Brattin, International Studies Coordinator
Academic Resource Center, 4511 Warwick Blvd, Kansas City, MO 64111
ebrattin@kcai.edu, ph 816-802-3561, fax 816-802-3480.

International Exchange Program Application

Part F: Reference Letter Form 1

To be Completed by the Applicant:

Name: _____ Department: _____

Phone #: (_____) _____ - _____ Email: _____

Faculty Recommender's Name: _____ Department: _____

STUDENT WAIVER

I understand my right under the provision of PL 93-380.513 (Family Education Rights and Privacy Act of 1974) to inspect letters of recommendation written on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under this statute and affirm that concerning the following letter I will not do so in the future. I understand that this document will be used only by the committee members for evaluating my qualifications for the International Exchange Program for which I am applying at the Kansas City Art Institute and will not be available to any other institution, organization or party for any other purpose.

Applicant's Signature

Date

To be Completed by the Faculty Recommender:

Students participating in the Kansas City Art Institute's International Exchange Program will be chosen on the basis of their academic record, personal qualifications, and evaluations by KCAI faculty. Please be candid in indicating how you think this applicant will make use of an academic opportunity to study abroad. Please consider the applicant's character, adaptability, emotional stability, and maturity.

How long and in what capacity have you known the applicant?: _____

Please rate on a scale of 1 to 5 (5 being exemplary in quality; 1 reflecting your serious concern):
(please circle)

Articulateness in Speech	1 2 3 4 5	Articulateness in Writing	1 2 3 4 5
Emotional Stability	1 2 3 4 5	Self-Discipline & Reliance	1 2 3 4 5
Academic/Artistic Potential	1 2 3 4 5	Ability to get along with others	1 2 3 4 5

On the reverse, or in an attached letter, please comment specifically on the applicant in terms of the following:

1. Academic suitability for study abroad: do you believe that this applicant can study productively while living abroad?
2. Personal suitability for living abroad: do you believe that this applicant is emotionally and intellectually mature enough to adapt to living in a foreign culture?

Faculty Recommender's Signature

Date

International Exchange Program Application

Part F: Reference Letter Form 2

To be Completed by the Applicant:

Name: _____ Department: _____

Phone #: (_____) _____ - _____ Email: _____

Faculty Recommender's Name: _____ Department: _____

STUDENT WAIVER

I understand my right under the provision of PL 93-380.513 (Family Education Rights and Privacy Act of 1974) to inspect letters of recommendation written on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under this statute and affirm that concerning the following letter I will not do so in the future. I understand that this document will be used only by the committee members for evaluating my qualifications for the International Exchange Program for which I am applying at the Kansas City Art Institute and will not be available to any other institution, organization or party for any other purpose.

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Emotional Stability	1 2 3 4 5	Self-Discipline & Reliance	1 2 3 4 5
Academic/Artistic Potential	1 2 3 4 5	Ability to get along with others	1 2 3 4 5

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Faculty Recommender's Signature

Date

International Exchange Program Application

Part G: Authorization Form

The following refers to the ability of the Kansas City Art Institute to assist in the facilitation of any necessary medical care and/or treatment that you may require while participating in the International Exchange Program.

- I understand that by signing this form I, in the event of a medical emergency or hospitalization, grant my permission to attending physicians to discuss my condition with both the university/program leaders of the Exchange Partner School and the International Studies Coordinator at the Kansas City Art Institute.
- I authorize the staff of the Kansas City Art Institute to contact the person(s) listed below in case of an emergency while I am traveling abroad.
- I understand that personal information may be disclosed to the person(s) listed below.
- I further understand that this information will be retained by the International Studies Coordinator with my International Exchange Program application materials during the duration of my participation in the program.

Full Name of Authorized Person #1 _____ Relationship to Applicant (____) ____ - _____
Phone Number

Full Name of Authorized Person #2 _____ Relationship to Applicant (____) ____ - _____
Phone Number

Applicant's Printed Name

Applicant's Signature

Date

International Exchange Program Application

Part H: Liability/Loss Release Form

- I hereby irrevocably release and discharge the Kansas City Art Institute, its trustees, officers, agents, representatives, and employees as well as the host institution, its trustees, officers, agents, representatives, and employees from any and all claims of whatsoever type, including without limitation claims for personal injury or property damage or loss, and including without limitation claims based on allegations of negligence, arising out of or in connection with participation in the International Program of the Kansas City Art Institute.
- I understand that prior to departure for the International Exchange Program I will be required to submit a Release Form, provided to me by the International Studies Coordinator, signed before a Notary Public, to be placed in my International Exchange Program file.

Signature of Student

Date

Part I: Off-Campus Program Agreement Form

- I agree to be governed by the policies in the Student Handbook of the Kansas City Art Institute while participating in the International Exchange Program.
- I agree to be governed by the policies in the Student Handbook of the Exchange Partner School while participating in the International Exchange Program.
- I agree to be governed by all local laws while abroad.
- I understand that while abroad, I am a representative of the Kansas City Art Institute and agree to conduct myself in a mature and respectful manner when visiting a foreign country.
- I agree to show proof of adequate health insurance and/or travel insurance as a requirement for their participation.*

Signature of Student

Date

*An International Student Identity Card (ISIC), which provides insurance coverage as well as worldwide discounts for one year from the date of issue, may be obtained through the International Studies Office for \$22.00.

International Exchange Program Application

Part J: Disclosure of Special Needs (*CONFIDENTIAL*)

This form is intended to provide you with the opportunity to communicate in a confidential manner any potential difficulties you believe you could experience participating in an exchange program, or to disclose special needs: learning, emotional or psychiatric disorders for which you have been diagnosed. This will enable the International Studies Coordinator and the Disabilities Coordinator to coordinate academic and/or psychological support as needed for your success while on exchange. The information you provide is strictly confidential and remains so unless you indicate by written consent a desire for further disclosure to additional staff and faculty with whom you will work.

Have you been diagnosed with a learning or psychiatric disorder? Yes No

Do you have an IEP filed with KCAI's Disabilities Coordinator?: Yes No

Please describe any previous learning assistance, disability services, and/or accommodations you have received: _____

Have you ever been hospitalized for a psychological concern or psychiatric disorder, and if so, what was the nature of the hospitalization?: _____

*Are you currently taking medication for Attention Deficit/Hyperactivity Disorder, Depression, or Anxiety?: Yes No

Do you *suspect* that you have learning difficulties that may need to be addressed, or do you experience problems with attention/concentration, depression or anxiety that could interfere with your academic performance or adjustment? If so, please describe them as best you can:

- I verify that the information given on this form is accurate, true, and correct.
- I understand that the information provided by me on this form will be verified by the Disabilities Coordinator.
- I understand that I will need to submit a separate Accommodations Form for any accommodations I wish/need to request from the Exchange Partner School.
- I understand that foreign countries are not subject to ADA and the Exchange Partner School may be unable to make any requested accommodations.

Signature _____

Date _____

**Certain medications may not be legal in the country you plan to study in. It is important to verify that your medication is legal in your host country; if it is not, it is recommended that you speak with your doctor regarding alternative medications to treat your condition which are legal in your host country.*