



# Participant Profile

International Student Exchange Program

Australia / New Zealand ISEP-Direct

Please read "How to Apply" on the ISEP Web site before completing this form. Type or print clearly in BLOCK LETTERS. Please complete this form and attach the non-refundable application fee.

1. Name (as it appears on your passport or birth certificate) \_\_\_\_\_ Sex:  male  female  
last (family or surname) first (given) middle or maiden

2. Home institution: \_\_\_\_\_ Student ID: \_\_\_\_\_

3. Please write your address as it would appear on an envelope, using one line for each line of your address.

Present address: \_\_\_\_\_ (valid until \_\_\_\_/\_\_\_\_/\_\_\_\_) Permanent address: \_\_\_\_\_  
month / day / year (mail will be sent here after date given at left. Attach summer contact address, if different.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
telephone (with area code): \_\_\_\_\_ telephone (with area code): \_\_\_\_\_  
email: \_\_\_\_\_ email: \_\_\_\_\_

4. If you participate in ISEP, do you permit ISEP to give your e-mail address to other students?  Yes  No

5. a. Specify the country or countries in which you have citizenship: \_\_\_\_\_

b. Specify the country or countries of which you are a legal permanent resident: \_\_\_\_\_

6. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (ex. Sept. 18, 1980)  
month / day / year

7. Person(s) to contact in case of emergency:

Name(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (with area code): \_\_\_\_\_ Email: \_\_\_\_\_

8. Do you have any special needs or require special services during your program (i.e., dietary considerations, learning aids, or facilities with handicapped access)?

Yes  No If yes, please describe on a separate sheet.

9. **US Students only:** Completion of this question is voluntary. Your cooperation is greatly appreciated and will not affect the outcome of your application. Please check the box(es) that best describe your ethnic origin.

- African-American  Asian or Indian Subcontinent  Caucasian  Hispanic/Latino  
 Multi-racial  Native American  Other: \_\_\_\_\_

10. Major field: \_\_\_\_\_ Minor field: \_\_\_\_\_ Expected Graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / year

11. Cumulative GPA: \_\_\_\_\_ 12. Principal field(s) of study during exchange: \_\_\_\_\_

13. Indicate the academic level at which you are requesting an ISEP program:  sophomore  junior  senior



17. I authorize the ISEP coordinator at my home institution to send my official academic records/transcripts to ISEP, and I authorize ISEP to send them to ISEP coordinators at prospective host institutions. I understand that official academic records/transcripts of work I undertake at my host institution will be sent to ISEP, and, in turn, to my home institution.

I attach the non-refundable application fee. I agree to notify my home institution coordinator immediately if I no longer want to be considered for ISEP placement. I recognize that withdrawal does not entitle me to a refund of the application fee.

**If I accept placement, I agree that:**

- I will take part in all aspects of the program, including orientation and evaluation.
- I will pay the \$500 non-refundable program deposit at time of acceptance. This deposit will be applied towards the full program fee.
- I will pay the designated program fee covering the full period of my placement prior to the beginning of my program.
- I will have the status of non-degree student.
- My placement will be limited to the period specified. An extension request is subject to review and approval by my home and host institutions and ISEP.
- My placement may be terminated by ISEP or by my host institution if I fail to remain enrolled full time at my host institution, fail to maintain minimum academic standards as defined by my home or host institution, or am found by ISEP or the host institution to be in violation of laws or regulations of my host country or institution.
- If I withdraw from the program anytime after accepting the placement, or if my placement is terminated after I take up placement at my host institution:
  - a) I may still be obligated to pay the full program fee at the discretion of my home institution in collaboration and agreement with ISEP and my host institution.
  - b) I will forfeit my right to receive benefits as an ISEP participant and must reimburse my host institution for any money advanced to me to cover benefits after the date of my withdrawal or termination.

ISEP seeks to ensure that benefits and services outlined in the ISEP Terms of Participation for Institutional Members are provided by institutions cooperating with ISEP and shall seek to correct any inadequacies brought to its attention. I understand that ISEP's responsibility to participants does not extend beyond such endeavors and that ISEP is not liable to any participant for benefits not provided by the participant's home or host institution.

I declare to the best of my knowledge the information supplied in this application is correct. I have read and understand the terms and conditions of undertaking a study abroad program. **I AM AWARE THAT IT IS MY RESPONSIBILITY TO OBTAIN ALL VISAS AND TO ARRANGE AIR TRAVEL, AND I UNDERSTAND THAT THE HOST UNIVERSITY WILL ASSIST IN ARRANGING ACCOMMODATION.**

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Applicant's signature

Date

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Applicant's name (type or print)

Home institution

*The International Student Exchange Program, Inc. (ISEP) is an independent nonprofit membership organization of institutions of higher learning in the United States and abroad. It is the policy of ISEP and of all its member institutions in the United States not to discriminate on the basis of sex, color, race, ethnic or national origin, sexual orientation, religious affiliation or physical handicap in offering or confirming placement of ISEP participants.*