

Name: _____



**ICISP
TWO-WEEK INTERNATIONAL PROFESSIONAL EXCHANGE PROGRAM
APPLICATION**

Please complete this form, obtain signatures, make and retain a copy of all pages, and submit to your ICISP representative. Complete applications are due to the ICISP office April 1, 2012.

Applicant Contact Information

Name: _____

Job Title: _____

College: _____

College Address: _____

Telephone: -- -- - - - - -

Fax: -- -- - - - - -

Email: -----

Home Address: _____

Home Telephone: -- -- - - - - -

Cell: -- -- - - - - -

Summer Address (if different):

Name: _____

Personal Information

Gender _____

Age _____

Please list the members of your household. (Please add as needed.)

	Name	Age	Relationship
1.			
2.			
3.			
4.			

Pets:

1. What activities do you engage in outside of the work environment?

2. Have you traveled abroad before? Yes ____ No ____
If yes, when and where?

3. Are you familiar with any European or Chinese educational systems?
Yes ____ No ____

If yes, comment on your experience with one or more of the systems.

Name: _____

Potential Restrictions

Note: Indicating you are not flexible to exchange with a partner who smokes may decrease your chances of being matched. Smoking is very common in many countries. Past participants have often made arrangements to smoke outside or otherwise limit their smoking. This is something to discuss directly with your exchange partner if you differ in habit.

1. Are you flexible and willing to exchange with a smoker? Flexible ___ Not flexible ___
2. Do you smoke? Yes ___ No ___ Occasionally ___
3. Do members of your household smoke? Yes ___ No ___ Occasionally ___
4. Do you or any members of your household have allergies to smoke? Yes ___ No ___
5. Do you have any allergies?
* If so, please list them. Yes ___ * No ___
6. Do you have any diet restrictions?
* If so, please list them. Yes ___ * No ___
7. Are you flexible and willing to exchange with someone of the opposite gender? Flexible ___ Not flexible ___
8. Do you have any other restrictions regarding a possible exchange?

Name: _____

College Support

Please rank your exchange destination preferences. If a destination is not supported by your college or not desired, please mark an X so it will NOT be considered for pairings.

- _____ Netherlands
- _____ Finland
- _____ Switzerland
- _____ Xi'an, China

I have read the ICISP Exchange Overview and agree to meet the expectations as both a host and a visitor in this program.

Applicant's Signature:

Signature

Print

If this applicant is matched, the college is willing to provide funding for airfare, orientation, and a small administrative fee. The college acknowledges the participant will host a visitor for two weeks and in turn, the participant will be traveling to the exchange site for two weeks (dates depend on destination).

Applicant's Supervisor Signature:

Signature

Print

College Administrator's Signature:

Signature

Print

ICISP Representative's Signature:

Signature

Print

Please submit this application to your college ICISP Representative who will send applications to the ICISP Program Assistant. The ICISP Program Assistant will make copies and forward to the exchange coordinators.