



SPECIAL NON-DEGREE APPLICATION FORM

PART 1: Home Institution Nomination

Exchange Partner Institutions: Please complete Part I of this form to indicate your nomination of a student to attend Roanoke College as an exchange student. Please have your student complete Part II of the form. Completed form, school transcript and TOEFL score should be returned to our office through email to Sarah Lupton, at lupton@roanoke.edu. Once this form and the supporting documents are received and your student is officially admitted, your student will be contacted by Admissions to complete the F-1 student visa process.

PART I (for advisor to complete)

HOME INSTITUTION NAME: _____

HOME INSTITUTION ADVISOR NAME: _____

HOME INSTITUTION ADVISOR EMAIL: _____

HOME INSTITUTION ADVISOR PHONE: _____

STUDENT NAME: _____

STUDENT'S YEARS OF STUDY AT HOME INSTITUTION: _____

EXCHANGE PERIOD REQUESTED: ___ FALL _____ (Year) ___ SPRING _____ (Year)
(For full-year exchanges please mark both semesters)

PART II (for student to complete)

LEGAL NAME AS APPEARS ON PASSPORT: _____
Last First Middle

Preferred name you go by (if different from legal name): _____

DATE OF BIRTH (Month/Date/Year): _____

GENDER (circle): Male / Female

COUNTRY(IES) OF CITIZENSHIP: _____

If more than one citizenship, which country passport will you be traveling to the U.S. on? _____

EMAIL ADDRESS: _____ PHONE #: _____

HOME ADDRESS: _____

Are you Hispanic or Latino? Yes No Select from the following areas: White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

What is your Religious Preference, if any? (Optional) _____

STUDENT'S ACADEMIC SUBJECT AREA(S): _____

Have you ever been suspended or dismissed from any institution of higher education? YES NO

If yes, please indicate reason: Academic Suspension Social Suspension

PARENT INFORMATION

Your Parents/Guardians are: Married Separated Divorced Widowed Other

Father's Full Name: _____ Father's Occupation: _____

Mother's Full Name: _____ Mother's Occupation: _____

Father's Phone #: _____ Email: _____

Mother's Phone #: _____ Email: _____

CERTIFICATION

I certify that the information on this application is true and complete to the best of my knowledge. Falsification of information on the application could jeopardize acceptance and enrollment. I authorize any schools I have previously attended to release personal and academic information to Roanoke College.

Signature

Date

Along with this application form, please submit copy of school transcript and TOEFL score if English is not your first language and/or English is not the language of instruction at your home school.