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 Scott Couchman, Assistant Director at couchman@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.

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