



## NON-DEGREE SEEKING ADMISSION APPLICATION

### **Directions:**

*Exchange Partner Students & 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. The completed form and all supplemental documentation should be returned to our office through email to the Roanoke College Admissions Office through email to [admissions@roanoke.edu](mailto:admissions@roanoke.edu).*

### **PART I (completed by Partner Institution)**

HOME INSTITUTION NAME:

\_\_\_\_\_

HOME INSTITUTION ADVISOR NAME:

\_\_\_\_\_

HOME INSTITUTION ADVISOR EMAIL:

\_\_\_\_\_

HOME INSTITUTION ADVISOR PHONE:

\_\_\_\_\_

STUDENT NAME (LAST NAME, FIRST NAME, ex: Smith, John)

\_\_\_\_\_

HOW MANY COMPLETED YEARS OF STUDY AT HOME INSTITUTION:

\_\_\_\_\_

EXCHANGE PERIOD REQUESTED:

FALL \_\_\_\_\_ (Year)                      SPRING \_\_\_\_\_ (Year)  
(For full-year exchanges please mark both semesters)

### **PART II (completed by student)**

LEGAL NAME AS APPEARS ON PASSPORT:

\_\_\_\_\_

Last

First

Middle

Preferred name you use (if different from above): \_\_\_\_\_

DATE OF BIRTH (Month/Date/Year): \_\_\_\_\_ GENDER (circle): Male / Female / Other

COUNTRY(IES) OF CITIZENSHIP: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

If more than one citizenship, which passport will you use to travel? \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

Are you Hispanic or Latino?  Yes  No

Race (Optional):  White  Black or African American  Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Other

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