

Name: [Click here to enter text.](#)



Two-Week International Professional Exchange Program Application

Please complete this form, make and retain a copy of all pages, and submit to your ICISP representative electronically. Print the final signature page, obtain the necessary signatures, and submit a hard copy to your ICISP representative. Applications are due to the ICISP office April 1, 2017. Your college deadline will be earlier.

Applicant Contact Information

Name: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

College:

College Address: [Click here to enter text.](#)

College Website: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Home Address: [Click here to enter text.](#)

Home Telephone: [Click here to enter text.](#)

Cell: [Click here to enter text.](#)

Summer Address (if different):

[Click here to enter text.](#)

Name: [Click here to enter text.](#)

Professional Background and Goals

1. Describe your current position: primary responsibilities, administrative responsibilities, courses you teach, or other relevant professional information.

[Click here to enter text.](#)

2. Briefly describe your college in terms of location, size of district, size of faculty, student body, types of programs, student demographics, etc.

[Click here to enter text.](#)

3. Please describe what you expect to gain from your exchange experience, for yourself and your college, (e.g., Compare teaching methods or student databases; identify marketing techniques; explore general education requirements.)

[Click here to enter text.](#)

4. Did you apply last year and were unable to be matched? Choose an item.

Name: [Click here to enter text.](#)

Personal Information

Gender [Choose an item.](#)

Age [Click here to enter text.](#)

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

Name	Age	Relationship
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
4. Click here to enter text.		

Pets:

[Click here to enter text.](#)

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

[Click here to enter text.](#)

2. Have you traveled abroad before? [Choose an item.](#)

If yes, when and where?

[Click here to enter text.](#)

3. Are you familiar with any European or Chinese educational systems? [Choose an item.](#)

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

[Click here to enter text.](#)

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? [Choose an item.](#)
2. Do you smoke? [Choose an item.](#)
3. Do members of your household smoke? [Choose an item.](#)
4. Do you or any members of your household have allergies to smoke? [Choose an item.](#)
5. Do you have any allergies? [Choose an item.](#)
* If so, please list them.

[Click here to enter text.](#)

6. Do you have any diet restrictions? [Choose an item.](#)
* If so, please list them.

[Click here to enter text.](#)

7. Are you flexible and willing to exchange with someone of the other gender? [Choose an item.](#)

8. Do you have any other restrictions regarding a possible exchange?

[Click here to enter text.](#)

Please rank the order of exchange country preference with 1 as your first choice and 3 as your last choice, and briefly explain why your preference rankings:

China: [Click here to enter text.](#) Finland: [Click here to enter text.](#) Netherlands: [Click here to enter text.](#)

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

Name: [Click here to enter text.](#)

College Support

If this applicant is matched, the college is willing to provide funding for airfare, visas (if required), travel to the mandatory ICISP orientation, and a small administrative fee. The college acknowledges the participant will host a visitor for two consecutive weeks, and in turn, the participant will be traveling to the exchange site for two consecutive weeks. Exchange dates are negotiated by the program committee and may vary slightly depending on the destination.

Please mark an X by the location(s) your college will support the applicant to exchange with:

- China**
Finland
Netherlands

Applicant's Supervisor Signature:

Signature *Print*

College Administrator's Signature:

Signature *Print*

College Administrator #2 Signature (such as the Chief Academic Officer or President, if required by the institution):

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 forward all completed applications to the exchange program coordinators for matching. Notifications on matches should be sent out before the end of the spring 2017 semester.