

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



Two-Week International Professional Exchange Program Application for 2019-2020

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, 2019. Your college deadline will be earlier.

Applicant Contact Information

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

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

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

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. Are you willing to participate for the cultural experience even if a professional match is not available?
[Choose an item.](#)
5. 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 the Chinese or any European 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 dietary 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 for 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

Date

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

College Support

If this applicant is matched, the college is willing to provide funding for airfare, visas (China only), and a small administrative fee unless a pre-arranged agreement was made between the applicant and the home college for how these costs will be handled. Please provide a brief explanation of any alternative arrangements made with the applicant: [Click here to enter text.](#)

The college acknowledges participants will host a visitor for two consecutive weeks, and in turn, participants 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.

College administrators, 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* *Date*

College Administrator's Signature:

Signature *Print* *Date*

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

Signature *Print* *Date*

Applicants: Please submit the complete application package to your college's ICISP Representative, who will sign and forward all applications to the ICISP Program Assistant on or before April 1, 2019. Only complete applications will be considered for matching. Notifications on matches should be sent out before the end of the Spring 2019 semester.

If you are accepted to the program, you will be asked to scan or photograph a copy of the identity page of your passport and e-mail it to karen.huber@heartland.edu. This will be kept on file in case of emergencies while you are overseas for the program, and to enroll you in the mandatory insurance for all participants. The insurance coverage provided will only be inclusive of the two weeks you are overseas with the program. If you plan to travel before or after the program dates, you are responsible for securing insurance to cover you during that personal time. Please note this is more than a medical policy. It also includes, but not limited to, emergency medical and security evacuation, and repatriation. A copy of what is covered, a medical card, and the claim form will be provided to all participants when enrolled in the plan.

ICISP Representative's Check List and Signature

Prior to submitting a completed packet to the ICISP office, I affirm the following has been completed:

- _____ Applicant met with the ICISP representative and signed the application on page 4

- _____ The College Support page 5 has been signed by the applicant's supervisor and college administrators. The countries the applicant is approved to exchange with have been identified.

- _____ An Institutional Recommendation form has been signed by the ICISP representative and the college's President or Chief Academic Officer, and includes the following: the countries the applicants are approved to exchange with; the total number of matches allowed by the college; and the order of preference for each candidate should ICISP be unable to match all of the applicants from the college.
Note: This form is required even if there may be only one applicant from the college.

ICISP Representative's Signature:

Signature

Print

Date