



# Participant Profile Engaged Diversity Student Exchange Project (EDSEP)

Please read "How to Apply" on the EDSEP Web site before completing this form. Type or print clearly in BLOCK LETTERS. Be sure to submit the original application and a complete copy of your entire application to EDSEP.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

2. Gender  Male  Female

3. Home Institution \_\_\_\_\_ Student ID \_\_\_\_\_

4. Please write your address as it would appear on an envelope, using one line for each line of your address.

Present Address (valid until \_\_\_/\_\_\_/\_\_\_)

Permanent Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (with area code) \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_

Cell Phone (with area code) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

5. If you participate in EDSEP, do you permit EDSEP to give your email address to other students?

Yes  No

6. Country/countries in which you have citizenship: \_\_\_\_\_ Legal permanent residence: \_\_\_\_\_

7. Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

8. Place of Birth: \_\_\_\_\_ (City, State, Country)

9. Person(s) to contact in case of emergency:

Name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone (with area code): \_\_\_\_\_

Cell Phone (with area code): \_\_\_\_\_

10. Do you have any special needs or require special services during your program (i.e., dietary considerations, learning aids, or facilities with handicapped access)?  Yes  No If yes, please describe on separate sheet of paper.

11. Completion of this question is voluntary. Your cooperation is greatly appreciated and will not affect the outcome of your application. Please check the box(es) that best describe your ethnic origin.

African-American  Asian or Indian Subcontinent  Caucasian  Multiracial

Hispanic/Latino  Native American  Other: \_\_\_\_\_

12. Major field: \_\_\_\_\_ Minor field: \_\_\_\_\_ Exp. Graduation date: \_\_\_\_\_  
Month/Year

13. Cumulative GPA: \_\_\_\_\_ Principal field(s) of study during exchange: \_\_\_\_\_

14. Indicate the academic level at which you are requesting an EDESP program:  Sophomore  Junior  Senior

15. Indicate the duration for which you are requesting an EDSEP program (check one):

One semester

Two semesters

Beginning date requested: \_\_\_\_\_ / \_\_\_\_\_  
Month/Year

16. I authorize the EDSEP coordinator at my home institutions to send my official academic records/transcripts to EDSEP, and I authorize EDSEP to send them to EDSEP coordinators at prospective host institutions. I understand that official academic records/transcripts of work I undertake at my host institution will be sent to EDSEP, and, in turn, to my home institution.

I agree to notify my home institution coordinator immediately if I no longer want to be considered for EDSEP placement.

**If I accept placement, I agree that:**

- I will take part in all aspects of the program, including orientation and evaluation.
- I will submit a completed EDSEP participant evaluation at the end of my program.
- I will pay to my home institution the designated program fee covering the full period of my placement.
- I will have the status of non-degree student unless I have been admitted to a degree program by my host institution.
- My placement will be limited to the period specified. An extension request is subject to review and approval by my home and host institutions and EDSEP.
- My placement may be terminated by ISEP or by my host institution if I fail to remain enrolled full time at my host institution, fail to maintain minimum academic standards as defined by my home or host institution, or am found by EDSEP or the host institution to be in violation of laws or regulations of my host country of institution.
- If I withdraw from the program anytime after accepting the placement, or if my placement is terminated after I arrive at my host institution:
  - I may still be obligated to pay full tuition at the discretion of my home institution in collaboration and agreement with EDSEP and my host institution.
  - I will forfeit my right to receive benefits as an EDSEP participant and must reimburse my host institution for any money advanced to me to cover benefits after the date of my withdrawal or termination.

EDSEP shall seek to correct any inadequacies brought to its attention. I understand that EDSEP's responsibility to participants does not extend beyond such endeavors and that EDSEP is not liable to any participant for benefits not provided by the participant's home or host institution.

I acknowledge that all statements in the application are complete and accurate to the best of my ability. I have read and understand the terms and conditions of undertaking an EDSEP program. **I AM AWARE THAT IT IS MY RESPONSIBILITY TO OBTAIN ALL VISAS AND TO ARRANGE AIR TRAVEL.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (type or print)

\_\_\_\_\_  
Home institution

*The Engaged Diversity Student Exchange Program, Inc. (EDSEP) is a project funded by the Andrew W. Mellon Foundation and is made up of the following membership institutions: Dillard University, Huston-Tillotson University, Morehouse College, Rhodes College, and Southwestern University. It is the policy of EDSEP and of all its member institutions not to discriminate on the basis of sex, color, race, ethnic or national origin, sexual orientation, religious affiliation or physical handicap in offering or confirming placement of EDSEP participants.*