



Consortium for North American Higher Education Collaboration
Consortio para la Colaboración de la Educación Superior en América del Norte
Consortium pour la collaboration dans l'enseignement supérieur en Amérique du Nord

Institutional Enrollment Profile for Student Exchange Program

Instructions:

1. Please print legibly in black ink or type.
2. Please provide complete, current information for all fields on this 3-page form.
3. To accelerate your institution's application process, fax your completed form to the CONAHEC office at (520) 626-2675. We will need an original signature on file, so please mail the signed copy to our office as soon as possible: CONAHEC/University of Arizona, P.O. Box 210300, Tucson, AZ 85721-0300 USA.
4. Questions about this form? Call CONAHEC, (520) 621-7761, Monday-Friday, 8:00a.m.-5:00 p.m. (MST)

Our institution is currently a member of CONAHEC.

Please complete this form to begin participation in the CONAHEC Student Exchange Program.

Our institution is not yet a member of CONAHEC.

To participate in this program, your institution must be a member of CONAHEC. To join the consortium, please go to the CONAHEC website at <http://www.conahec.org>, click on "Join" and download the Membership Application form. Complete the Membership Application form and this Institutional Enrollment Profile form and send them to our office along with your membership dues payment.

Name of On-Campus Representative

This individual is designated to advise and discuss the CONAHEC Student Exchange Program with students from your institution.

Title _____
Department/Division _____
Institution Name _____
Mailing Address _____

Telephone _____
Fax _____
E-mail _____

Name of On-Campus Representative for International Students

If different from the individual noted above, this individual is designated to advise international students coming to your campus through the CONAHEC Student Exchange Program regarding immigration or visa-related issues. If the same person advises both groups of students, please indicate "SAME".

Title _____
Department/Division _____
Institution Name _____
Mailing Address _____

Telephone _____
Fax _____
E-mail _____



Institutional Enrollment Profile - Student Exchange Profile

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1. Institution name: _____
2. Institution home page on WorldWideWeb; example, University of Arizona is *http://www.arizona.edu*.
http:// _____
(URL address)
3. Provide a brief description about your institution (or website address for this information): _____

4. Eligibility/Admissions requirements (or website address for this information): _____

5. Language of instruction: _____
6. Application deadlines for each period of exchange participation:
Fall ____/____ Winter ____/____ Spring ____/____ Summer ____/____
 Month/Day Month/Day Month/Day Month/Day
Other _____
7. The CONAHEC Student Exchange Program promotes all academic disciplines. Your institution may choose to indicate that all disciplines are available for exchange, but subject to faculty dean or department head approval on a case-by-case basis. Where available, please provide a website address(es) for academic discipline listings; for example, all Undergraduate academic programs at the University of Arizona can be found at one website link: *http://www.arizona.edu/academic/oncourse/data/interface/*. This information will be used for the CONAHEC Student Exchange search engine that matches students with foreign institutions by available academic discipline.

8. Please list any academic disciplines which are NOT currently available for exchange:

9. Number of exchange seats available: _____

10. Cost estimates for room and board, on-campus and off-campus housing, and student cafeteria meal plan information (or website addresses): _____

11. Additional costs for compulsory fees, student health insurance, ID card, etc. (or related website addresses):

12. Class schedule website address: _____

13. Campus map website address: _____

14. Student employment website address: _____

15. Date of exchange activation; please indicate the first period that your institution will send or receive exchange students in our program.

Fall _____ Winter _____ Spring _____ Summer _____ Other _____
Year Year Year Year Year

16. Comments: _____

CONAHEC Primary Contact Name _____

CONAHEC Primary Contact Signature _____

Approval date _____