**Applicant’s Name:** click here to enter text.

 **Two-Week International Professional Exchange Program**

**Application for Finland and the Netherlands 2023-2024**

**Applications are due from your ICISP representative to the ICISP office by no later than April 1, 2023. Note: Your college representative’s deadline may be earlier.**

Notifications on matches will be sent out by the end of the Spring 2023 semester. If 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](mailto:karen.huber@heartland.edu). Passport copies will be on file in case of emergencies while you are overseas, and they will also be used to enroll you in the mandatory insurance for all participants through CISI. The insurance coverage provided with your program is only inclusive of the two weeks you are overseas with the program. If you plan to travel independently before or after the program dates, you are responsible for securing insurance to cover you during that personal time. Please note the insurance provided with this program is more than a medical policy. It also includes, but is not limited to, emergency medical and security evacuation, and repatriation, but does not cover trip delays, cancelation, or other circumstances caused by the pandemic. Explanation of coverage, a medical card, and claim form will be provided to all participants when enrolled in the plan.

Participants should consult with their institutions about purchasing cancelation insurance for airlines, bus, or train tickets to travel to and from their exchange location.

**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.

**Applicant’s 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 to this program previously and were unable to be matched? Choose an item.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

*The Illinois Consortium for International Studies and Programs (ICISP) recognizes that systemic racism is pervasive within our society and actively commits to advancing anti-racist practices by creating an environment that is inclusive to all, celebrates and honors diversity, and promotes individual growth and social responsibility for success in a global world. ICISP strives to eliminate structural racism and inequities within the organization, education abroad, global professional development programming, and campus internationalization efforts.*

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**Applicant’s Name:** Click here to enter text.

**Personal Information**

Gender Choose an item.

If you identify with other, please define Click here to enter text.

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 educational systems? Choose an item.

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

Click here to enter text.

**Applicant’s Name:** 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 arranged 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 who does not identify with the same gender?

Choose an item.

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

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*

**Applicants:** Please submit the complete application package to your college’s ICISP Representative, who will sign, scan, and forward all applications to the ICISP Program Assistant, [Karen.huber@heartland.edu](mailto:Karen.huber@heartland.edu), on or before April 1, 2023. **Only complete applications will be considered for matching.** ICISP representatives: Please note that mailing paper copies of application materials are no longer required.

**Applicant’s Name:** Click here to enter text.

**Applicants: Print this page, obtain the required signatures, and submit it electronically with your application to your ICISP representative.**

**College Support**

If this applicant is matched, the college is willing to provide funding for airfare 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 were negotiated by the ICISP exchange program committee.

College administrators, please indicate your college’s support of the exchange with Finland or the Netherlands with the appropriate signatures below:

*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*

**Applicant’s Name:** click here to enter text.

**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.

\_\_\_\_\_\_ An Institutional Recommendation form has been signed by the ICISP representative and the college’s

President or Chief Academic Officer, 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 scanned application and supporting documents, and sent the complete package of

Information to [Karen.huber@heartland.edu](mailto:Karen.huber@heartland.edu). **Please note that mailing paper copies are no longer required.**

*ICISP Representative’s Signature:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature Print Date*