## Applicant's Name Printed:

**Applicants:** For your convenience, this page is designed to allow digital signatures. Please sign first. and forward as appropriate to obtain all other signatures required by your ICISP institution.

If you are not able to digitally sign this document, you may print it for wet signatures, scan it, and include it with your complete application.

## **Applicant's Agreement**

I have read the ICISP Exchange Overview and agree to meet the expectations as both a host and a visitor in this program.

Signature

Print

Date

## **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:

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 the Netherlands with the appropriate signatures below:

Applicant's Supervisor Signature:

Signature

College Administrator's Signature:

Signature

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

Signature

Print

Print

Date

\_\_\_\_\_ Date

Date