

## AICAD Mobility Program Instructions and Advisor Approval Form

The AICAD Mobility Exchange Program provides an opportunity for students to take classes at any one of the 30 AICAD member schools for one semester on a space-available basis while registering at CCA for the semester. Mobility is open primarily to students in their junior year who meet the eligibility requirements of their specific program. A complete listing of the participating AICAD schools and a selection of catalogs are available from the Mobility Coordinator (ground floor, Macky Hall) on the Oakland Campus. It may be necessary for students to write or phone the AICAD school they are interested in attending to request course information. Students receiving financial aid at CCA are eligible to receive the same financial aid in the Mobility Program. In order to apply for Mobility, students must show:

1. completion of at least two semesters at CCA immediately prior to the Mobility semester
2. upper division standing (at least 60 units completed)
3. grade point average of 3.0 or better
4. good financial standing at CCA
5. enrollment at CCA full-time (12 units minimum) during the Mobility semester, and
6. full CCA tuition payment.

The deadlines to file the application with the CCA Mobility Coordinator for the AICAD Mobility Program are follows:

Mobility for the Fall Semester: **March 21**

Mobility for the Spring Semester: **October 25**

### Mobility Application Procedure

#### CCA Student:

- Completes the application form and statement of purpose explaining how and why this program will benefit his/her artistic development, including listing the courses for which the student intends to register;
- submits the application form, and statement of purpose to his or her academic advisor for review and discussion of proposed program; and has the advisor complete and sign the Advisor Approval Form;
- obtains the signature of the Department Chairperson and Assoc. Dean to indicate approval of application;
- submits all application materials (including Advisor Approval Form, Mobility Application, 6-10 slides and a transcript) to the Mobility Coordinator.

#### CCA Mobility Coordinator: (Peg Leary)

- Verifies eligibility of the student
- Reviews all applications with committee and selects candidate(s) when there is competition
- Forwards application materials to the Host Institution Mobility Coordinator.

#### Host Institution Mobility Coordinator:

If there is space available, writes a letter of acceptance to the student, informing them of registration dates

#### Advisor Approval:

Student's Name: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

| Proposed Courses at Host school: | CCA Course Equivalents: |
|----------------------------------|-------------------------|
|                                  |                         |
|                                  |                         |
|                                  |                         |
|                                  |                         |
|                                  |                         |
|                                  |                         |

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# California College of the Arts

## AICAD Mobility Application

To be Completed by the Applicant and Returned to Home Institution Mobility Coordinator. Print or Type Only.

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### Part A.

Name of applicant: \_\_\_\_\_

I am applying to participate in the Mobility Program at the following school (Host Institution)

\_\_\_\_\_ during the Fall 20\_\_\_\_ Spring 20\_\_\_\_ term

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### Part B.

Major area of study: \_\_\_\_\_ Level: \_\_\_\_\_

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

Local Telephone: \_\_\_\_\_

I will be at local address until (date): \_\_\_\_\_

Permanent address (if different from above): \_\_\_\_\_

Permanent phone (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_

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### Part C.

**Proposed Program of Study at Host Institution.** Please list the courses that you plan to take while studying in the Mobility Program at the Host Institution. Check the host school web site or consult with your Home Mobility Coordinator for information about course offerings at Host Institutions. Each student is responsible for fulfilling all the requirements of their Home Institutions, and it is imperative to discuss courses that will be taken on Mobility with your academic advisor, department chair, or dean, as appropriate. Host Institutions retain the right to cancel, substitute, limit, or otherwise alter courses offered in a given semester and to set pre-requisites or conditions for registration in given courses.

The Courses I plan to take at the Host Institution are:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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**Part D.**

**Statement of Purpose:** Please write a Statement of Purpose and attach it to this Application Form. Although the Statement should be concise, it should be a thoughtful consideration of your goals and reasons for seeking study in the Mobility Program, and, it should discuss how the proposed program of study at the Host Institution relates to your educational and career goals. (Attach separate sheet if necessary.)

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**Part E.**

To the Applicant: **I have read and I accept the terms of the AICAD Mobility program as explained in this application. I understand that it is my responsibility to meet the terms of eligibility and that the Host Institution has sole discretion in determining acceptance as an AICAD Mobility Student. The AICAD Mobility Program provides students the opportunity to study and experience another institution while participating in the AICAD Mobility Program. I hereby request and agree that upon acceptance and completion of the semester at the Host Institution, a transcript of my record of courses completed be sent to my Home Institution and included as part of my permanent academic record. Acceptance of a Mobility Student by the Host Institution is conditional on the applicant being in good academic standing at the completion of the most recent semester of study prior to the Mobility semester and on meeting all financial obligations at the Host Institution.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To the Applicant:** After completing the above form, you (applicant) are responsible for obtaining the following signatures from the Home Institution:

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair (if other than advisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mobility Coordinator

\_\_\_\_\_  
Date