

Study Abroad

Summer 2008 Program Application

Study Abroad Program: _____

Checklist

Application Fee Information:

Take this application to the registration office along with your application fee. Once the registration office has stamped the box below, submit the completed application to the Study Abroad office along with the payment receipt.

Subcode: SAF2

Amount: \$100 (\$125, if non-USU student)

USU Registrar payment stamp here

Complete the following:

- This completed application
 - Personal Statement
 - One Academic Recommendation
 - Unofficial USU transcript
 - \$100.00 Application Fee
(make check payable to USU Study Abroad)
 - Housing application, if applicable
 - Copy of passport
 - 2 Passport sized* photos
- * Please write your name on the back of each photo.*

Non-USU Student applicants include:

- Official transcript from current university
- Use social security number as a substitute for Banner Account ID
- \$125 non-USU student fee (includes \$100 application fee)

Personal Information

Banner Account ID: _____

Full Name: _____ Birthdate: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Class standing at beginning of study abroad experience:

Freshman Sophomore Junior Senior Grad/Masters Grad/Ph.D. Other _____

Major: _____ Minor: _____ GPA: _____

Optional

<p>Gender:</p> <p>Female <input type="checkbox"/> Male <input type="checkbox"/></p>	<p>Citizenship:</p> <p><input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien</p> <p><input type="checkbox"/> Nonresident Alien <input type="checkbox"/> International Student</p>	<p>Predominant Racial/Ethnic Group:</p> <p><input type="checkbox"/> American Indian, Alaskan Native</p> <p><input type="checkbox"/> Asian, Pacific Islander</p> <p><input type="checkbox"/> Black, non-Hispanic (African American)</p> <p><input type="checkbox"/> Hispanic, Chicano/Mexican American</p> <p><input type="checkbox"/> Hispanic – Puerto Rico, Cuba, other Hispanic</p> <p><input type="checkbox"/> White, non-Hispanic (Caucasian)</p>
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Information

If accepted to the program, can we share your name and email with other Study Abroad participants? Yes No

Are you willing to participate in future Study Abroad activities (i.e. Study Abroad Fair, Photo Contest, Buddy Program)? Yes No

Additional Information

PERSONAL STATEMENT (approximately 250 words)

On a separate sheet of paper, type your reasons for wanting to study abroad. Comment on your strengths, special interests, and any educational/personal achievements. State how this specific program will help you with your academic, career, and personal goals.

ACADEMIC INFORMATION (use additional sheet if necessary)

Indicate academic work in progress that would be relevant to your Study Abroad course work (list specific courses, credits, & grades if applicable).

For language Study Abroad: List language courses, credits, grades completed and/or list other language experiences.

List classes/subject to Study Abroad. (Do not list specific course titles.)

Have you ever lived, studied, or traveled in another country? Yes No

If yes, describe and include dates: _____

ACADEMIC RECOMMENDATIONS

Two academic letters of recommendation are required for each applicant (see form provided). The application is not considered complete until the Study Abroad Office has received two recommendations. Please have each reference return the completed recommendation form in a sealed envelope to:

Office of Study Abroad, 0108 Old Main Hill, Logan Utah 84322-0108 or by fax 435-797-8018.

FINANCIAL RESOURCES

Please indicate your plans for financing your study abroad experience (check all that apply).

Pre-departure work/savings Student loan Assistance from parents/family Federal/State grant Scholarship Other _____

Medical Information

Please describe any special needs or services you will require during your exchange (i.e. medical treatments, medications, allergies, dietary considerations, learning aids, or facilities with handicapped access).

HEALTH INSURANCE INFORMATION

BY TIME OF DEPARTURE, all participants must have adequate health insurance coverage for studying outside the U.S., including repatriation of remains and emergency medical evacuation coverage, before their date of departure.

At present, do you have adequate health insurance coverage that is valid outside the U.S.? Yes No Don't Know

If yes, Insurance Company _____ Policy No. _____

Agreement

I certify that the information submitted on this application is correct.

I certify that all statements made on this study abroad application in its entirety are true and accurate.

I agree to be subject to the academic and financial policies of the USU Study Abroad Office.

I am in good academic standing with Utah State University.

I authorize the USU Study Abroad Office to release my application and other records to the cooperating institution(s) and program officials overseas.

Signature _____ Date _____

Academic Recommendation Form

This form can be completed and printed online at usu.edu/studyabroad/pdfs/SA_USU_App.pdf

This form should be completed by a college level instructor familiar with your academic work.

Study Abroad Program: _____ Semester & Year: _____

To be completed by applicant:

Full Name: _____

Last
First
M.I.

Reference requested from: _____

Name
Title or Position

Under federal law students are permitted access to certain educational records. However, recommendation letters may have greater effect when written in confidence. If you waive your right to inspect the information requested by this form, please sign below:

X _____ Date _____

Applicant's Signature

To be completed by referee:

Note: *The applicant is applying for an academic study abroad program. Students are selected for this program on the basis of academic ability as well as maturity. It is important that we select only those students who are most likely to succeed in and benefit from this program. Please note that the student's application cannot be processed until references are returned. Please return this form as soon as possible directly to the address at the bottom of the second page, by fax, or to the applicant in a sealed/signed envelope.*

- How long and in what capacity have you known the applicant? _____
- Please indicate the applicant's competence in the following areas in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Very Good	Outstanding	Inadequate Opportunity to observe	Additional Comments
Intellectually Curious							
Articulate in Speech/Writing							
Self-Motivated							
Self-Assured							
Self-Reliant							
Perceptive							
Emotionally Mature							
Socially Mature							
Adaptable							
Cooperative							

If applicable, evaluate their foreign language ability in each of the following categories: Language _____

	None	Basic, Limited ability	Intermediate, Good consistency	Advanced use of complex structures
Listening ability				
Speaking ability				
Reading ability				
Writing ability				

3. Please comment on academic and personal suitability at an institution abroad, potential weaknesses, and any other factors which may affect a successful experience. Please return this form to the address shown below or return to applicant in a sealed/signed envelope. Attach a separate sheet if you need more space. We greatly appreciate your cooperation.

STRENGTHS:

WEAKNESSES:

OTHER COMMENTS:

Referee Approval

Signature of individual providing the reference

Date

Name (please print or type)

Institution/Dept.

Title or Position

Office Address / E-mail: _____ Office Phone: _____

Return to:

Kay Forsyth, Director of Study Abroad
Office of Study Abroad
Utah State University
0108 Old Main Hill
Logan, Utah 84322-0108
Fax to: (435) 797-8018

Questions:
(435) 797-1253 / 0601
kay.forsyth@usu.edu