

Name _____ Program Dates _____
First Middle Last (Please refer to the brochure or country brief)

Personal Data

Date of Birth (mo/day/yr) _____
I am ☐ Male ☐ Female Social Security # _____
Present College _____
Previous Colleges Attended (if any) _____
Major _____ Minor _____
Current Class (circle one) FR SO JR SR GR
I will graduate in (mo/yr) _____

Contact Information

Campus Box, Address _____
City _____ State _____ Zip _____
Email Address _____
I will have access to this email account till (mo/day) _____
Campus Telephone _____
My campus address is valid from _____ to _____
College Spring Break Starts (mo/day) _____
Summer Vacations Starts (mo/day) _____
Home Address _____
City _____ State _____ Zip _____
Home Telephone _____
Summer Address _____
City _____ State _____ Zip _____
Summer Phone _____
This address is valid from (mo/day) _____ to (mo/day) _____

Father's (or guardian) Name _____
Address _____
City _____ State _____ Zip _____
Business Telephone _____
Home Telephone _____
Mother's (or guardian) Name _____

Address _____
City _____ State _____ Zip _____
Business Telephone _____
Home Phone _____

Who should be notified in case of emergency?

☐ Father ☐ Mother ☐ Other*

Who should receive billing statements?

☐ Father ☐ Mother ☐ Other*

*If you have checked other for either of the previous questions, please complete the following. This contact is to be used for
☐ Emergency ☐ Billing.

Name _____
Address _____
City _____ State _____ Zip _____
Business Telephone _____ Home Phone _____
Relationship _____
Does your mother or father work at <Your School>?
☐ Yes ☐ No

Foreign Language Experience

Language _____
Other languages _____
Years studied in college _____
Years studied in high school _____

Transcripts

Upon completion of the program, an <Your School> College transcript will be sent to you and to your school. To whom at your institution should the transcript be sent?

Name _____
Address _____
Telephone _____

We provide a complete list of participants to accepted students. If you do not want your name and address included, check here ☐.

Educational and Professional road

Your Major and Minor

Current Courses at Your Home Institution (Please attach a transcript

To help determine appropriate academic placement abroad, please list the courses you are currently taking that will not appear on the transcript you submitted.

CSEJ Course Interested in taking

What are the specific themes you would like to cover under the above courses

What courses you plan to transfer from CSEJ to your home institution.

(Please provide the name, address and email addresses of person responsible for credit transfer.)

Names of the countries travelled

International Internships and research

Do you have any special needs regarding transport/mobility, accommodation, and learning.

Health Insurance

Health insurance is required for participation in all <Your School> study abroad programs and limited coverage is provided as a part of your program participation. No refunds will be given for dual coverage. A copy of the insurance policy, your insurance card and contact information will be enclosed in your departure packet.

The <Your School> <Your Office> staff will be happy to discuss health care concerns you may have related to study abroad. Studying abroad creates stress, both mental and physical, for an individual while trying to integrate into a new culture and learning environment. If you are currently receiving treatment for any chronic illness, it is strongly recommended that you talk over plans to manage your health problem abroad with a physician, psychologist, or counselor, either at your home institution or with a professional off-campus.

Food Preferences and Allergies

Agreement and Waiver

I certify that the information on this application is correct. I understand that on becoming a student in this program, I shall be subject to all rules, regulations and requirements as to conduct, academic and financial policies of <Your School> and the national and local ordinances of the country in which I will be studying. I understand that <Your School> reserves the right to require the withdrawal of any student on account of unsatisfactory academic work or behavior.

I authorize <Your School> to release my application and other records to the cooperating institution(s) and program officials overseas. I also authorize <Your School> to forward an official copy of my transcript to the indicated officials. My signature on this application form indicates my understanding and acceptance of the above statements and the following waiver.

<Your School> and its affiliated institutions, in making arrangements for the programs, act only as agents. Neither <Your School>, its Trustees, nor any of its employees nor any other persons, parties, organizations or agencies collaborating with them is or shall be responsible or liable for injury, loss, damage, deviation, delay or curtailment, however caused, or the consequences thereof which may occur during any of the travel or programs. <Your School> reserves the right to cancel, alter or amend any part of the programs or to increase fees as deemed necessary.

Signature _____ Date _____

Telephone (_____) _____ E-mail _____ Fax (_____) _____

Signature _____ Date _____

Letter of Recommendation: Two letters of recommendations are necessary for those students who do not apply through the study abroad programs of their universities.

ACADEMIC ADVISOR'S FORM

STUDENT

Your application cannot be considered until <Your School> receives this form. Complete Section I of this form and give it to <Official on Your Campus> responsible for assisting you in determining your academic schedule to complete Section II. It is the responsibility of the applicant to advise all persons supporting the application of appropriate deadlines for submission of application materials.

Section I

Student Name _____ Social Security Number _____

Telephone (_____) _____

Program to which you are applying _____ Program dates _____

In compliance with the Family Education Rights Privacy Act of 1974, the candidate is given access to this reference unless access is waived by completing the following statement:

"I _____ waive my right to access this reference."

Name of Applicant

Signed _____ Date _____

Section II

TO THE HOME COLLEGE OFFICIAL RESPONSIBLE FOR ADVISING THE APPLICANT:

The study abroad application for the student named above will not be complete until we receive this form indicating the student has been advised on how studying abroad will impact his/her graduation timetable and your comments about the applicant. Because all admissions are handled on a rolling admissions basis, your prompt response will be appreciated. Feel free to attach a separate sheet on your letterhead if necessary.

What is the student's current GPA (grade point average)? _____

What is your general estimate of this student as a candidate for study abroad?

Will the student's participation in study abroad delay his/her graduation? ☐ Yes ☐ No

Will the credits earned by this student in an <Your School> program abroad be accepted towards this student's degree program at your institution?

- ☐ Yes, transfer credit is guaranteed and the necessary forms are completed.
☐ Yes, but final approval cannot be granted until after the student completes the program.
☐ Yes, but subject to the conditions listed below.
☐ No, for the reasons listed below.

Do you recommend this student? ☐ Yes ☐ Yes, with the reservations below. ☐ No

If you have any additional comments, you may write them on the reverse side of this form or attach a separate sheet of letterhead. Thank you.

Dr/Mr/Ms _____ Position _____

Institution _____ Telephone (_____) _____

E-mail _____ Fax (_____) _____

Signature _____ Date _____

SAMPLE

FACULTY RECOMMENDATION

Your application cannot be considered until <Your School> receives this form. Complete Section I of this form and give it to a faculty member who is able to evaluate your academic ability to complete Section II. A faculty member within your major or, if you are applying for a study abroad program where the medium of instruction is not English, a foreign language faculty member should complete this form. It is the responsibility of the applicant to advise all persons supporting the application of appropriate deadlines for submission of application materials.

Section I

Student Name _____ Social Security Number _____

Telephone (_____) _____

Program to which you are applying _____ Program dates _____

The candidate is given access to this reference unless access is waived by completing the following statement:

"I _____ waive my right to access this reference."

Signed _____ Name of Applicant

Date _____

Section II

TO THE HOME COLLEGE FACULTY REFEREE

The student named above is applying for the <Your School> program noted above. The study abroad application for the student named above will not be complete until we receive this form. Because all admissions are handled on a rolling admissions basis, your prompt response will be appreciated. Feel free to attach a separate sheet on your letterhead if necessary. **If the student is applying for an English speaking program, please answer questions regarding his/her ability for written and oral expression.**

Please check the appropriate column	Excellent	Good	Average	Below Average	Unable to Judge
Linguistic ability in target language:					
Understands at normal speed	_____	_____	_____	_____	_____
Ability to take notes at lectures	_____	_____	_____	_____	_____
Written expression:	_____	_____	_____	_____	_____
Oral expression:					
Fluency	_____	_____	_____	_____	_____
Pronunciation	_____	_____	_____	_____	_____
Motivation for study abroad:	_____	_____	_____	_____	_____
Social attitudes					
Courteous	_____	_____	_____	_____	_____
Responsible	_____	_____	_____	_____	_____
Emotional stability and maturity:					
Adjusts easily to new situations	_____	_____	_____	_____	_____
Emotional reaction to strain	_____	_____	_____	_____	_____

Would you wish to have the applicant as a member of a group you were leading? ☐ Yes ☐ No

Do you recommend this student? ☐ Yes ☐ Yes, with the reservations below. ☐ No

If you have any additional comments, you may write them on the reverse side of this form or attach a separate sheet of letterhead. Thank you.

Dr/Mr/Ms _____ Position _____

Institution _____ Telephone (_____) _____

E-mail _____ Fax (_____) _____

Signature _____ Date _____

SAMPLE

<Your Office>
<Your School>, <Your Address>, <Your City>, MI 48801
Toll free: <Your Toll Free Phone>
Phone: <Your Phone> Fax: <Your Fax>
Email: <Your Email>
<Your URL>

PROPOSED COURSE REGISTRATION

Program Name _____ Program Dates _____

Name _____ Nickname _____
First Middle Last

Please list courses and the departments in which they are offered in the space below. You may locate the courses available for your program in the “Academic Information” sheet sent with your application or at the <Your Office> Website at <Your URL>.

The courses you list on this application are not final choices. You are not registering for courses by completing this section, nor is <Your School> guaranteeing a particular course will be available. Final class selection in foreign language programs will be determined after a placement exam and in direct enroll programs at the on-site orientation. This is an exercise to help you determine the courses and departments that are best for you and for <YOUR OFFICE> to project course enrollment. Be sure to follow the procedures established at your college or university to have the transfer of credit approved prior to your departure. You may want to have a larger number and variety of courses than you will actually be taking approved for transfer in the event your first course choices are not available.

Course Name Abroad _____ Course Number Abroad _____ Transfer As _____ Approved By _____

Course Name Abroad _____ Course Number Abroad _____ Transfer As _____ Approved By _____

Course Name Abroad _____ Course Number Abroad _____ Transfer As _____ Approved By _____

Course Name Abroad _____ Course Number Abroad _____ Transfer As _____ Approved By _____

Course Name Abroad _____ Course Number Abroad _____ Transfer As _____ Approved By _____

Course Name Abroad _____ Course Number Abroad _____ Transfer As _____ Approved By _____