

Academic Year: _____



International Education Center

Application for Study Abroad

Fayetteville State University encourages students to take advantage of the wide array of study abroad options available to them. In addition to enriching and contextualizing a Fayetteville State University education, spending a term, semester, or year abroad can be an invaluable experience for personal growth. To qualify for study abroad, a student must have a minimum GPA of 2.5 and be in good academic standing.

The Application Process

1. Students should complete this application form including the following *checklist* of materials:

- A transcript of all work completed at Fayetteville State University (this may be an unofficial transcript).
- A typed two-page statement of purpose to study abroad.
- Copy of passport.
- First time passport applicants must apply in person at nearest Passport Agency or Acceptance Facility. The closest facility is the Main Post Office located at 301 Green Street. Bring with you the completed application form, original or certified copy of birth certificate, 1 photo 2x2 in size, copies of front and back of all documentation that you bring with you, \$110 Application Fee plus \$25 Execution Fee (two separate checks, money orders or cash) . To expedite the process will require additional charges. The status of your passport is available 5-7 days after filing. For more information on passports please go to the government website <http://www.travel.state.gov/passport/>
- Once you receive your passport, sign it, complete the Personal Data and Emergency Contact in pencil and make a copy of it and to turn in to the International Education Center. When you turn in your copy, please write your name, program, term, and student ID number on the copy. If you already have a passport, submit a copy with your application.
- Copy of health insurance card. The insurance must be valid while you are abroad. Please double check with your provider to be sure. If you will not have valid health insurance while you are abroad, you can purchase study abroad health/travel insurance. Call 910-672-2164 for assistance.
- A Degree Completion Form signed by the student's advisor and major Program Chair.
- Financial Services & Study Abroad Program Agreement Form
- A signed Release Form.

2. Students must obtain recommendations from three (3) faculty members, including the Program Chair of the student's major program, the student's advisor, and one other faculty member, preferably a language instructor.

3. Students are responsible for fulfilling all application requirements of the sponsoring study abroad program.

4. Students are further responsible for meeting all financial obligations to Fayetteville State University as well as the sponsoring program. For students receiving financial aid, a Consortium Agreement Form must be completed.

Questions

If you have any questions or comments, please contact the International Education Center at:

Tel: 910-672-1269

Fax: 910-672-1981

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Personal Data

| | | | | |
|---|--|--|---------------|---------------|
| Last Name | | First Name | | Middle Name |
| Banner ID | | Birth Date | | |
| Campus Street Address | | | | |
| City | | State | Zip Code | |
| Permanent Street Address | | | | |
| City | | State | Zip Code | |
| Daytime Area Code and Telephone Number | | Evening Area Code and Telephone Number | | Email Address |
| Country of Citizenship | | Permanent Resident? Yes/No | | Visa Type |
| Name of Individual to Contact in an Emergency | | Relationship | Daytime Phone | Evening Phone |

CONDITIONS OF PARTICIPATION STATEMENT

All applicants are asked to review and sign the following statement. It constitutes conditions for participation in all Fayetteville State University sponsored or co-sponsored study abroad programs.

APPLICANT NAME _____

PARENT OR GUARDIAN NAME _____

(Parent must sign this agreement if participant is under 18 years of age.)

PROGRAM _____

I _____ am a student at *Fayetteville State University* and plan to participate in the Study Abroad program from _____ until _____. In consideration for being permitted to participate in the program, I hereby agree and represent that:

1. PROGRAM ARRANGEMENTS

I understand that although the university will attempt to implement the program as described in its documentation, it reserves the right to change the program at any time and for any reason it deems sufficient to promote program objectives, safety issues or institutional needs. _____ (please initial)

2. TRAVEL AND ACCOMMODATION ARRANGEMENTS

I understand that I am expected to adapt to differences in physical accommodations which may be perceived as inconvenient or uncomfortable by U.S. standards. I further understand that changes in accommodations may be necessary in the best interest of the program or the best interest of the university. I further understand that the university does not represent or act as an agent for, and cannot control the acts or omissions of: any host institution, a host family, other host arrangements, land transportation, air transportation, carrier, hotel or similar accommodation, tour agent, tour organizer or other provider of goods or services related to the Program. I understand that the university is not responsible for matters that are not within its direct control. I understand and agree that the University shall not be liable for any injury, loss, damage, accident, delay, expense or inconvenience arising out of any such matters. I do therefore release the university from any such liability. _____ (please initial)

3. SITE SPECIFIC ISSUES

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I understand that there may be cultural, economic, political and societal factors which may impact this program and my participation. I agree to make reasonable effort to acquaint myself with these factors and to adjust my behavior accordingly. _____ (please initial)

4. COMMUNICATION REQUIREMENTS

I understand that maintaining contact with program leaders, university officials and other program participants may be very important for safety, health and emergency purposes. I agree to select and utilize appropriate and ongoing communication links with these persons. I also agree to maintain ongoing contact with my family or other support structure. _____ (please initial)

5. INDEPENDENT TRAVEL AND ACTIVITIES

I understand that neither the University, any faculty member nor any other university representative or agent is responsible for any injuries, loss or damage I may suffer when I am traveling independently or am otherwise separated or absent from any university-supervised activities even if a faculty member or other university representative or agent accompanies me in any independent travel or activity not sponsored by or affiliated with the university. _____ (please initial)

6. HEALTH AND MEDICAL ISSUES

a. I understand that travel abroad may expose me to certain conditions, diseases or illnesses. I have acquired all immunizations recommended by the U.S. Center for Disease Control and all other inoculations necessary for safe travel in the areas I am visiting. I agree to make reasonable efforts to acquaint myself with the health factors and issues endemic to these areas and to prepare myself accordingly for my study abroad travel and activities. _____ (please initial)

b. I have or will secure health insurance through the university to cover my travel and study abroad activities. (Alternatively I have or will secure health insurance compatible to that offered by the university.) I understand that the university is not obligated to pay for medical treatment or hospital care in a foreign country or in the U.S. during my participation in the program. I further understand that the university is not responsible for the quality of such treatment or care. _____ (please initial)

c. I have consulted with a medical doctor or comparable health care provider with regard to my personal medical status and needs. I certify that I am medically able and capable to participate in the program, in the activities associated with the program and in the travel incident to the program. I certify that I do not have a medical condition which would endanger the health of others associated with the program. _____ (please initial)

d. I am aware of all of my personal medical needs and I certify that I am capable of and prepared to deal with those needs. I understand that the university is not obligated to attend to my medical or medication needs. _____ (please initial)

e. I understand that there are health risks associated with the program and travel activities. I further understand that the university will not be responsible for the health risks, injuries, damages or loss beyond its direct control. _____ (please initial)

f. I agree that if I am injured or become ill, the university or its agents may secure hospitalization and/or medical treatment for me and I agree to pay all expenses related thereto. I further agree that the university or its agents may release information to other persons who may need this information to assist me or to assist others in the program. _____ (please initial)

g. I hereby release the university from all liability for any of its actions or its agents actions related to the activities listed above. _____ (please initial)

7. SAFETY ISSUES

I understand that there are safety risks associated with the program and travel incident thereto and that the university is not responsible for such risks or injuries, damages or loss caused by them. I agree that the university shall not be liable for such injuries, damages or loss except as may be caused by the gross negligence or willful misconduct of the employees, officials or agents of the university. I further agree that the university cannot prevent me or other individuals from engaging in illegal, dangerous or unsafe activities. I therefore agree that the university shall not be liable for injury, damages or loss caused by such activities. _____ (please initial)

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8. STANDARDS OF CONDUCT

- a. I understand that each foreign country has its own laws and regulations and has standards of acceptable conduct in the areas of dress, manners, morals, politics, alcohol use, drug use and behavior. I recognize that behavior or conduct which violate those laws or standards could harm the program's effectiveness and the university's relations with those countries in which the program is located. I also understand explicitly that behavior or conduct which violates those laws or standards could harm my own health and safety as well as the health and safety of other participants in the program. I take full responsibility for my behavior and conduct and agree that the University and its agents will be released and indemnified for any claim, loss, injury or liability that may be caused by my behavior or conduct. This acceptance of responsibility and release and indemnification applies to my conduct and behavior whether I am or I am not under the direct supervision of the university, university agents or program officials. _____ (please initial)
- b. I agree to make reasonable and good faith efforts to become informed of all laws, regulations and standards for each country to or through which I travel during my participation. I further agree that I will abide by and comply with those laws, regulations and standards. _____ (please initial)
- c. I also agree to comply with all university rules, standards and instructions for student behavior including but not limited to those set forth in the Student Information Handbook on the World-wide Web at: <http://www.uncfsu.edu/handbook/>. I further agree to comply with any supplemental rules or standards adopted by the university for the programs in which I am participating. _____ (please initial)
- d. I agree that the university has the right to enforce all of the standards of conduct, rules and regulations described above. I further agree that if I violate those standards, rules or regulations, I may be sanctioned including immediate exclusion from the program. I recognize that due to the circumstances of foreign travel and foreign study programs, normally applicable procedures for notice, hearing and appeal in student disciplinary proceedings may not be practicable and therefore may not apply. I explicitly waive all claims based on alleged inadequate disciplinary procedures. _____ (please initial)
- e. If I am excluded from the program, I consent to being sent home at my own expense with no refund of fees or expenses. I further understand that I may be subject to further disciplinary, civil and/or criminal action upon my return to the university. _____ (please initial)
- f. I also recognize that if my behavior is determined to be detrimental to or incompatible with the interest, harmony and welfare of the university, or program or program participants, my acceptance of responsibility, my waiver of process and my consent to being sent home also apply if I engage in such detrimental or incompatible behavior. _____ (please initial)
- g. I agree that I am fully responsible for any legal problems that I have. I also agree that I am responsible for any encounters that I have with any foreign government or any individual. I understand and agree that the university is not responsible for providing any assistance under such circumstances. _____ (please initial)

9. PROGRAM CHANGES

I understand that the program is subject to modification or cancellation because of natural disasters, political instability, insufficient participation or other causes. I further understand that if one of these occurs, I may not have any fees or expenses refunded. I further understand that program fees and charges are based on current airfares, lodging rates and travel costs, which are subject to change and for which I am responsible. I further understand that if I leave or am excluded from the program for any reason there will be no refund of fees paid or expenses incurred. I further agree that if I lose connections or become detached from the program group or if I become sick or injured, I will at my own expense contact and reach the program group. _____ (please initial)

10. OTHER EXPENSES OR INSURANCE

I understand that I am responsible for my own accident, travel, baggage, missed flight and life insurance coverage. I also understand that I am responsible for all debts and expenses I incur abroad other than those covered by the required program fees. _____ (please initial)

11. ACKNOWLEDGEMENT OF MY RESPONSIBILITY AND ASSUMPTION OF RISK

I fully understand that this program will expose me to many risks associated with foreign travel and participation in a program abroad. I fully accept this possibility of risks and assume all risks associated with this program. I therefore agree to release, hold harmless, discharge and indemnify Fayetteville State University, the UNC Board of Governors, University officials, employees, agents and volunteers from any present or future liability, claim or demand that may be asserted in

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connection with (a) emergencies, accidents, illnesses, injuries or other consequences or events arising from my participation in the program, (b) any cause, event or occurrence beyond the direct control of the University or its agents including, but not limited to, natural disasters, wars, civil disturbances, terrorist acts or the negligence of other persons, and (c) events or occurrences caused by my behavior or conduct while traveling or participating in the program. Further, I understand and agree that this acknowledgement, discharge, hold harmless agreement, release, indemnification and assumption of risk shall be binding on me, my heirs, my assigns, members of my family, my executors and administrators and my personal representatives. _____ (please initial)

12. VOLUNTARY ACKNOWLEDGEMENT

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor, counselor or attorney of my choice. _____ (please initial)

13. INTERPRETATION OF AGREEMENT

I agree and acknowledge that the laws of North Carolina govern this agreement and that North Carolina shall be the forum for any lawsuit, hearings or adjudications filed under or incident to this agreement or to the program. I further agree that should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement shall remain in full force and effect. _____ (please initial)

I have carefully read, understand and fully agree with this agreement. This agreement represents my complete understanding with the university concerning the university's or its agents' responsibility and liability for my participation in the program. This agreement supercedes any previous or contemporaneous understandings I may have had with the university or its agents, whether oral or written. I represent that I am at least eighteen years of age or if not that I have secured below the signature of my parent or guardian as well as my own.

Participant's Name (print) _____

Participant's signature _____ Date: _____

_____ Date: _____

Parent or guardian signature (if under 18 years of age):

MEDICAL SELF-ASSESSMENT

Please complete this section. *Because overseas study programs can be both physically and emotionally demanding, we ask that you provide candid evaluation of your health. This information will not be used as part of the selection process. This information will be kept confidential. Indicating your special needs allows us to make arrangements that will best serve you. It does not affect your eligibility for admission. If you answer "yes" to any of these questions, please attach a separate page describing the condition and the treatment you receive.*

Please rate your overall health (Please check one): Excellent Good Fair Poor

Do you have any pre-existing medical conditions, currently taking medication, or under medical treatment for any reason? Yes No

Are you currently under the care of a professional for a psychological or emotional condition? Yes No

Do you have allergies, dietary restrictions or physical or learning disabilities about which we should be aware? Yes No

Have you ever had a major surgical operation or been advised to have one? Yes No

Have you ever had treatment in a hospital or mental institution? Yes No

Have you ever had a major illness (rheumatic fever, etc.)? Yes No

Are you physically fit to travel abroad? Yes No

Name _____ Student ID #: _____
Last First Middle

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MEDICAL AUTHORIZATION

If I incur or develop any injury or illness, then I hereby give my consent for medical treatment and permission to study program personnel to supervise and/or perform, as deemed necessary by study program personnel, on-site first aid for minor injuries, and to a licensed physician or physician assistant to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for me. I agree to assume all costs related to any such treatment.

IN SIGNING THIS AGREEMENT AND AUTHORIZATION I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreements, and Medical Authorization and understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Agreement and Authorization for full, adequate and complete consideration fully intending to be bound by same.

Participant's signature _____ Date _____

Parent or Guardian's signature (if under 18 years of age) _____ Date _____

EMERGENCY CONTACT INFORMATION

The following information is intended to be of assistance should an emergency situation occur either home or abroad before, during or after the program. Inform the program coordinator of any changes to be made.

Person to contact in case of emergency:

Name(s): _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: (____) _____

Work Telephone: (____) _____

Cellular Telephone: (____) _____

Fax: (____) _____

E-mail: _____

Emergency Contact #2:

Name(s): _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: (____) _____

Work Telephone: (____) _____

Cellular Telephone: (____) _____

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Fax: (____) _____

E-mail: _____

I give my permission to Fayetteville State University and its agents to contact the person(s) I have identified as my emergency contact in the event the program coordinator or agents of Fayetteville State University feel such action is justified.

Participant's signature _____ Date _____

Date _____

Parent or Guardian's signature (if under 18 years of age)

International Education Center, Fayetteville State University, 1200 Murchison Road, Fayetteville, North Carolina 28301 Phone: (910) 672-1269; Fax: (910) 672-1981; Web page: <http://www.uncfsu.edu/intprogs/>

HEALTH INSURANCE VERIFICATION

It is required that you have adequate health insurance coverage while studying or traveling abroad. Failure to carry insurance can result in the delay or denial of treatment. The State of North Carolina Department of Insurance has worked with the UNC system to provide affordable and comprehensive health coverage. The premium for study abroad insurance is \$1 per day for students, \$2.22 per day for faculty/staff. To obtain coverage, contact Ms. Lena Clayton at 910-672-1454 at least three weeks in advance of your departure. You will be advised on how to obtain coverage and receive proof of coverage. Adequate health insurance provides coverage for:

- 1) Treatment and medications administered abroad;
- 2) Emergency evacuation should you need to be rushed to a hospital abroad or back to the US; and
- 3) Repatriation of your remains in the event of your death.

Please check to see if your current health insurance provides adequate coverage while you are abroad. If you need additional coverage, Ms. Lena Clayton at 910-672-1454 has information on insurance policies specifically designed for students participating in study abroad programs.

My current policy will provide adequate medical coverage while I am abroad: YES NO

Name of Carrier Company: _____

Policy Number: _____ Toll-free number in the U.S.: _____

Briefly state coverage provided: _____

Emergency evacuation provided: YES NO

Repatriation of remains provided: YES NO

I understand the need for health insurance and will, if not already covered, purchase a policy for the duration of my program and provide the necessary information regarding proof of coverage to the program coordinator before I am allowed to participate in the study abroad program.

I certify that this policy will be maintained for the duration of the study abroad program. I further certify that the information I have provided is correct.

Participant's signature: _____ Date: _____

Demographics Information

Academic Year: _____

ONLY



International Education Center

Study Abroad Degree Completion Form

Personal Data

| | | |
|----------------|-----------------------------|---|
| Student's Name | Period of Study Abroad | |
| Advisor's Name | Anticipated Graduation Date | Number of Semesters to Complete Degree Following Study Abroad |

Core Requirements

Please list any Core Curriculum requirements that you will need to complete upon your return. Attach a separate sheet if necessary.

| | |
|-----------------|-------------------------------------|
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |

Major Requirements

Please list any requirements for your major that you will need to complete upon your return. Attach a separate sheet if necessary.

| | |
|-----------------|-------------------------------------|
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |
| Dept & Course # | Course Title/Curricular Requirement |

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Dept & Course # _____ Course Title/Curricular Requirement _____

Courses Planned for Study Abroad

Please list the courses you plan to take in your study abroad program. Since it is impossible to forecast scheduling changes at the host institution, it is often best to have some courses in reserve; mark these with an asterisk. If a course fulfills a major requirement Core Curriculum requirement, the appropriate Program Chair must indicate approval on this form. Attach additional pages if necessary.

| Foreign Institutions Courses | | | Fayetteville State University Equivalent | | | |
|------------------------------|--------------|-------------|--|--------------|-------------|---|
| Course No. | Course Title | Credit Hrs. | Course No. | Course Title | Credit Hrs. | Chairpersons Approval for Degree credit |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total(s) | | | | | | |

Total credit hours to be applied toward the FSU B.S/B.A degree _____

Faculty Sponsor Approval: _____ Date: _____

Department Chairperson: _____ Date: _____

Participant Signature: _____ Date: _____

Certification

Deviation from this plan may affect the student’s receipt of financial aid and/or anticipated date of graduation. Courses not listed on this form will not necessarily be approved to fulfill curricular or major requirements. All individuals who sign below should retain a copy of this form.

Student’s Signature Period of Study Abroad

Advisor’s Signature Period of Study Abroad

Advisor’s Signature (if different from Program Chair above) Period of Study Abroad

Financial Aid Officer’s Signature Period of Study Abroad

Assistant Dean’s Signature Period of Study Abroad



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International Education Center

Study Abroad Permission and Release Form

Student Data

Student's Name Period of Study Abroad

Student's Advisor Location of Study Abroad Program

Emergency Contact Information

(This Section must be completed by the student's parent or legal guardian if the student is under 18 years of age).

Personal Data

Last Name First Name Relationship to Student

Street Address

City State Zip Code

Daytime Area Code and Telephone Number Evening Area Code and Telephone Number Email Address

Parent/Guardian Permission Statement (for students under 18)

I DO/ DO NOT (circle one) give my permission for _____ (student name) to study in _____ (location of study) with _____ (program name) during the academic period _____ (semester).

Release Statement (for all students)

I hereby release Fayetteville State University and its officers and agents from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of any travel or activity conducted while studying abroad.

Student's Signature Date

Parent/Guardian Signature (Required for Students less than 18 years of age) Date



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International Education Center

Study Abroad Evaluation Form 1

To Be Filled Out by the Student

Student's Name _____ Period of Study Abroad _____

Sponsor of Study Abroad Program _____ Location of Program _____

Student Waiver

Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it was prepared. YES NO.

Student's Signature _____ Date _____

To Be Filled Out by the Evaluator

You are being asked to evaluate the personal qualities, academic work, and, if appropriate, language proficiency of the above named applicant for a study abroad program. If the Student Waiver statement above has not been agreed to and signed, submit this evaluation only if you are willing to allow the applicant to read it in its entirety; otherwise please return the blank form promptly to the applicant.

Since the people who select the participants may not have personal contact with the applicants, your frank and thoughtful evaluation will aid in the selection of the students who will be able to cope with and benefit best from a study abroad program. We would, therefore, appreciate your careful assessment of this student's intellectual ability and academic motivation, past performance, maturity, and potential for successfully adjusting to life and study in a foreign country.

Evaluator's Name _____ Academic Program _____ Telephone _____

Please return this form to the Assistant Vice Chancellor for International Education located inside the Butler Building Room 242.

Evaluation

Please use the following chart to rate the applicant in relation to others you have known at comparable stages in their academic careers

| Characteristics | Lower 50 % | Upper 50 % | Upper 25% | Upper 10% | No Basis for Comparison |
|--|------------|------------|-----------|-----------|-------------------------|
| General ability and potential | | | | | |
| Responsibility for turning in assignments | | | | | |
| Regular class attendance | | | | | |
| Self-motivation and aptitude for independent study | | | | | |
| Ability to adapt to new environments and pressures | | | | | |
| Use of good judgment | | | | | |
| Sensitivity to others and their cultural differences | | | | | |

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Other Comments

Please add any remarks that would help in the evaluation of this candidate. Feel free to comment specifically on the applicant's academic performance, knowledge of the way of life of the country chosen, ability to adjust, or moral and ethical maturity. Attach a separate sheet if desired.

Overall Recommendation

Please provide an overall recommendation for this student by checking one of the boxes below.

- I recommend the applicant for this study abroad program.
- I recommend the applicant for this study abroad program with some reservations.
- I do not recommend the applicant for this study abroad program.

Evaluator's Signature

Date



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International Education Center

Study Abroad Evaluation Form 2

To Be Filled Out by the Student

| | |
|---------------------------------|------------------------|
| Student's Name | Period of Study Abroad |
| Sponsor of Study Abroad Program | Location of Program |

Student Waiver

Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it was prepared. YES NO.

| | |
|---------------------|------|
| Student's Signature | Date |
|---------------------|------|

To Be Filled Out by the Evaluator

You are being asked to evaluate the personal qualities, academic work, and, if appropriate, language proficiency of the above named applicant for a study abroad program. If the Student Waiver statement above has not been agreed to and signed, submit this evaluation only if you are willing to allow the applicant to read it in its entirety; otherwise please return the blank form promptly to the applicant.

Since the people who select the participants may not have personal contact with the applicants, your frank and thoughtful evaluation will aid in the selection of the students who will be able to cope with and benefit best from a study abroad program. We would, therefore, appreciate your careful assessment of this student's intellectual ability and academic motivation, past performance, maturity, and potential for successfully adjusting to life and study in a foreign country.

| | | |
|------------------|------------------|-----------|
| Evaluator's Name | Academic Program | Telephone |
|------------------|------------------|-----------|

Please return this form to the Assistant Vice Chancellor for International Education located inside the Butler Building Room 242.

Evaluation

Please use the following chart to rate the applicant in relation to others you have known at comparable stages in their academic careers

| Characteristics | Lower 50 % | Upper 50 % | Upper 25% | Upper 10% | No Basis for Comparison |
|---|---------------|------------|-----------|-----------|----------------------------|
| General ability and potential | | | | | |
| Responsibility for turning in assignments | | | | | |
| Regular class attendance | | | | | |
| Self-motivation and aptitude for independent study | | | | | |
| Ability to adapt to new environments and pressures | | | | | |
| Use of good judgment | | | | | |
| Sensitivity to others and their cultural differences | | | | | |

Other Comments

Please add any remarks that would help in the evaluation of this candidate. Feel free to comment specifically on the applicant's academic performance, knowledge of the way of life of the country chosen, ability to adjust, or moral and ethical maturity. Attach a separate sheet if desired.

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Overall Recommendation

Please provide an overall recommendation for this student by checking one of the boxes below.

- I recommend the applicant for this study abroad program.
- I recommend the applicant for this study abroad program with some reservations.
- I do not recommend the applicant for this study abroad program.

Evaluator's Signature

Date



International Education Center

Study Abroad Evaluation Form 3

Academic Year: _____

To Be Filled Out by the Student

Student's Name _____ Period of Study Abroad _____

Sponsor of Study Abroad Program _____ Location of Program _____

Student Waiver

Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it was prepared. YES NO.

Student's Signature _____ Date _____

To Be Filled Out by the Evaluator

You are being asked to evaluate the personal qualities, academic work, and, if appropriate, language proficiency of the above named applicant for a study abroad program. If the Student Waiver statement above has not been agreed to and signed, submit this evaluation only if you are willing to allow the applicant to read it in its entirety; otherwise please return the blank form promptly to the applicant.

Since the people who select the participants may not have personal contact with the applicants, your frank and thoughtful evaluation will aid in the selection of the students who will be able to cope with and benefit best from a study abroad program. We would, therefore, appreciate your careful assessment of this student's intellectual ability and academic motivation, past performance, maturity, and potential for successfully adjusting to life and study in a foreign country.

Evaluator's Name _____ Academic Program _____ Telephone _____

Please return this form to the Assistant Vice Chancellor for International Education located inside the Butler Building Room 242.

Evaluation

Please use the following chart to rate the applicant in relation to others you have known at comparable stages in their academic careers

| Characteristics | Lower 50 % | Upper 50 % | Upper 25% | Upper 10% | No Basis for Comparison |
|---|------------|------------|-----------|-----------|-------------------------|
| General ability and potential | | | | | |
| Responsibility for turning in assignments Regular class attendance | | | | | |
| Self-motivation and aptitude for independent study | | | | | |
| Ability to adapt to new environments and pressures | | | | | |
| Use of good judgment | | | | | |
| Sensitivity to others and their cultural differences | | | | | |

Other Comments

Please add any remarks that would help in the evaluation of this candidate. Feel free to comment specifically on the applicant's academic performance, knowledge of the way of life of the country chosen, ability to adjust, or moral and ethical maturity. Attach a separate sheet if desired.

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Overall Recommendation

Please provide an overall recommendation for this student by checking one of the boxes below.

- I recommend the applicant for this study abroad program.
- I recommend the applicant for this study abroad program with some reservations.
- I do not recommend the applicant for this study abroad program.

Evaluator's Signature

Date