

APPLICATION FOR EDUCATION ABROAD 2009-2010

Study • Work • Travel

Name _____
Last First Middle Maiden

Student I.D. no. _____ Gender _____ Date of birth _____
(Mo / Day / Year)

Family status: Married Single Dependents _____
(How many)

Permanent address _____
Number and street City State ZIP Telephone

Local address _____
Number and street City State ZIP Telephone

Work telephone (_____) Cell phone (_____) E-mail address _____

Place of birth _____
City State Country

Country of citizenship _____ Visa type (Non-U.S.) _____ Anticipated graduation _____
(Semester) (Year)

Class standing: Freshman Sophomore Junior Senior Post-baccalaureate Graduate Law

Are you currently a University of Akron student? Yes No If no, specify university _____

Major _____ Minor _____ Cumulative GPA _____

Specialty in major field _____ Are you in the Honors College? Yes No

College _____

Academic adviser's name _____

Do you expect to apply for an internship through your major to be performed while abroad? Yes No

Check appropriate country, institution and term below for the 2009-2010 year:

COUNTRY and Institution	Term	COUNTRY and Institution	Term
DENMARK		THE NETHERLANDS	
___ Copenhagen Business School	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010	___ Hanze Hogeschool Groningen	<input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.
FRANCE		PEOPLE'S REPUBLIC OF CHINA	
___ The Catholic University of the West	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010	___ Henan University	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.
___ Euromed Marseille School of Management ESC-MP	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.	PERU	
___ Lille Graduate School of Management, ESC-Lille	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010	___ Saint Ignatius of Loyola	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.
___ Rennes International School of Business, ESC-Rennes	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.	ROMANIA	
GERMANY		___ Academy of Economic Study in Bucharest	<input type="checkbox"/> Spring
___ European Business School	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010	RUSSIA	
___ Konstanz University	<input type="checkbox"/> Spring/Summer <input type="checkbox"/> Aca. Yr.	___ Volgograd State University	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.
JAPAN		SOUTH KOREA	
___ International University of Japan for GRADUATE STUDENTS ONLY	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	___ Kyung Hee University	<input type="checkbox"/> Fall <input type="checkbox"/> Spring/Summer
___ Kansai Gaidai University	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.	___ Pusan University of Foreign Studies	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.
MEXICO		___ Seoul School of Integrated Sciences and Technologies (aSSIST) for GRADUATE STUDENTS ONLY	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
___ Autonomous University of Guadalajara	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010	___ The University of Ulsan	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010
___ ITESM Campus _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010	___ Yonsei University, Seoul	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010
		___ Yonsei University, Wonju	<input type="checkbox"/> Fall <input type="checkbox"/> Spring/Summer
		UNITED KINGDOM	
		___ Huron University	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr. <input type="checkbox"/> Sum. 2010
		___ University of Wolverhampton	<input type="checkbox"/> Spring <input type="checkbox"/> Aca. Yr.

Person to notify in case of emergency:

Name _____ Address _____

City _____ State _____ ZIP _____

Home telephone () _____ Work telephone () _____ Cell telephone () _____

E-Mail address _____ Relationship _____

Do you have any allergies or medical conditions? Yes No Are you seeing a physician for any medical condition? Yes No

If you answered "yes" to one or both of the above questions concerning your medical condition, please explain:

Please describe your plans for financing your overseas studies:

Are you presently receiving any type of financial aid? Yes No

Do you have a passport? Yes No Country issued _____ Expires _____

Have you ever been: Charged in a disciplinary action at any university? Yes No

Charged in a criminal offense in any country? Yes No

Removed or deported from any country? Yes No

If yes to any of the above, please attach an explanation.

List all general studies and university-level language courses (number and title) that you will have completed prior to your departure. Continue on reverse side, if needed.

General Studies	Language
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Would you be willing to talk with other UA students about your experiences abroad after your return if you are accepted into this program? Yes No

References: Please list the three people who have submitted recommendations and, if needed, could be contacted on your behalf. **Two of the recommendations must be from UA faculty members from whom you have taken courses.** These reference forms should be attached to your application at the time of submission to International Programs. Do not submit references from members of your immediate family.

_____	Relationship _____	Work telephone _____
_____	Relationship _____	Work telephone _____
_____	Relationship _____	Work telephone _____

How did you first hear about UA's Education Abroad Program? _____

STATEMENT OF STUDY ABROAD EXPECTATIONS

You must attach a concise, typed statement describing yourself; why education abroad is of interest to you; and how this education abroad experience relates to your present academic, personal and career interests; and how you plan to apply your experience upon returning to the United States. You also must complete the attached academic planning form. To do this you will need to consult course information in International Programs. Be certain to include your name and the country where you intend to study.

EDUCATION ABROAD ACADEMIC PLANNING FORM

Study • Work • Travel

Name _____ Year of program abroad _____

Overseas institution _____

Term abroad: Fall _____ Spring _____ Academic year _____ Summer _____

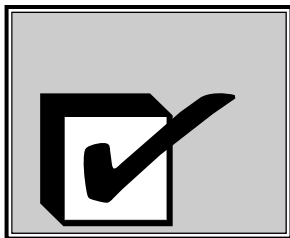
Please review available course information in the Office of International Programs (or on the host institution's website) and list in priority order up to ten courses for an academic year program and five courses for a semester program. Please list two different curricula. The lists you make cannot be guaranteed, and some courses may have to be changed. The lists do not bind you to these courses. In most courses you will be expected to take greater initiatives and to be more self-directed in learning a subject overseas. This means that you will have to consult much more frequently with instructors and program directors than you may currently be doing. In addition, you will need to bring back to Akron all course information (e.g. syllabi) and work (e.g. notes, exams, papers, etc.) completed during your education abroad experience.

Curriculum A

Curriculum B

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

Finished? Have you:



1. Completed and signed this application?
2. Attached three reference forms?
3. Attached a concise statement about your education abroad expectations?
4. Filled out the academic planning form?
5. Prepared your check for \$50 (made payable to The University of Akron)?

NOTE: The deposit of \$50 required with this application is nonrefundable. If you withdraw from the program before departure, you also are liable for any non-recoverable monies which may have been spent on your behalf. If you withdraw after departure or are asked to leave the program, there can be no refund of your program fee.

It is the responsibility of the student signing below to keep International Programs informed of any address and/or telephone number changes (permanent and local), as well as academic changes.

I hear by authorize the release of information from my academic records to the Office of International Programs and to my proposed host institution. I certify that the information contained in this application is true and correct. On becoming a participant in The University of Akron's Education Abroad Program, I understand that I shall be subject to all rules, regulations and requirements of that program. I authorize my name, likeness and evaluations to be used in promotional materials for the Education Abroad Program at The University of Akron.

Signature _____ Date _____

RETURN YOUR COMPLETED APPLICATION TO:

Linda E. Marx, Coordinator, International Programs, Polsky Building 483C, The University of Akron, Akron, OH 44325-3101

(Official ISIC Issuing Office)

INTERNATIONAL PROGRAMS REFERENCE FORM

Study • Work • Travel

Student's name _____ Host country _____
Last First Middle

The student named above is applying for the designated University of Akron overseas academic program. Please assess the applicant's attributes:

Basis and extent of your acquaintance with the applicant:					
Academic attributes:					
	Excellent	Good	Fair	Poor	No chance to evaluate
Competence in major	_____	_____	_____	_____	_____
Academic interest/motivation	_____	_____	_____	_____	_____
Capacity for independent study	_____	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Nonacademic attributes:					
	Excellent	Good	Fair	Poor	No chance to evaluate
Level of maturity	_____	_____	_____	_____	_____
Ability to adapt to new or unstructured circumstances	_____	_____	_____	_____	_____
Self-confidence/self-esteem	_____	_____	_____	_____	_____
Ability to relate with others	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Open-mindedness	_____	_____	_____	_____	_____
If you were a resident director overseas, would you be <input type="checkbox"/> eager <input type="checkbox"/> willing <input type="checkbox"/> indifferent or <input type="checkbox"/> reluctant to have this individual participate in your program?					
Please state frankly, on the reverse side, your opinion of this candidate's chances for academic and nonacademic success overseas, and of his/her presence in representing The University of Akron abroad.					
Evaluator's name, title and telephone number (please print)					
Evaluator's signature				Date	

RETURN TO THE ABOVE-NAMED PERSON TO ATTACH TO THE STUDENT'S APPLICATION FOR STUDY ABROAD OR MAIL DIRECTLY TO LINDA E. MARX, COORDINATOR, INTERNATIONAL PROGRAMS, POLSKY BUILDING 483C, THE UNIVERSITY OF AKRON, AKRON, OH 44325-3101.

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Ability to adapt to new or unstructured circumstances	_____	_____	_____	_____	_____
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Ability to relate with others	_____	_____	_____	_____	_____
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Level of maturity	_____	_____	_____	_____	_____
Ability to adapt to new or unstructured circumstances	_____	_____	_____	_____	_____
Self-confidence/self-esteem	_____	_____	_____	_____	_____
Ability to relate with others	_____	_____	_____	_____	_____
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