STUDY ABROAD APPLICATION FORM

1. INTRODUCTION

Please complete all items in this application form. Be sure to have item 8 completed and signed by your advisor. Item 9 should be returned to 208 Max Roth by the faculty member you have selected as your reference NOT by you. Do not complete item 10. Upon approval for study abroad by the Director of Global Education, you will be notified immediately so that you can register for study abroad with the registrar’s office. The registrar will register you for “IS 000”, a zero credit place-holder course that keeps you “on the books” at Wilkes University while you are abroad taking courses. You MUST notify Wilkes of any changes in the original courses listed on this application no later than two weeks into your overseas semester. You will need to email the new course information from overseas to your academic advisor for approval and then you must notify the registrar of this change. Upon your return, it will be your responsibility to ensure that the Registrar receives your official overseas transcript so that the credits you earned abroad may be posted to your Wilkes academic record.

2. GRADE REPORTING

At the completion of your semester abroad, a provisionary grade of “X” (incomplete) will be posted to your Wilkes academic record for IS 000, pending your submission of an official transcript from overseas to the Registrar. If you choose to simply transfer the course credits back to Wilkes, the grades from your study abroad course will not affect your Wilkes GPA, and will appear on your transcript as transfer credits only. *You must obtain a grade of C (2.0) or better in any course in order for Wilkes to accept the credits in transfer. You may choose to have both credits AND grades from the foreign institution posted to your Wilkes academic record if you wish, as long as you have completed a Consortium Agreement. If you do, all grades, including those below a C (2.0), will be posted and will affect your Wilkes grade point average.

*Choose one: _____ Post as Transfer Credits Only _____ Post both Credits and Grades

*(Ignore this if you are on a Wilkes faculty led program)

It is your responsibility to ensure that a transcript of your grades is sent to Wilkes upon completion of the study abroad program. If your grades are not reported to the registrar by the end of 2 months into the semester following your return from abroad, the provisionary incomplete grade of “X” will change to a 0.0 grade.
3. STUDENT INFORMATION

Name (print neatly) ___________________________________________ WIN ___________

Year (circle one): Sophomore  Junior  Senior    Your Academic Advisor _________

Emergency contact information in the US:

Name ______________________________________ Relationship to you ________________
Address _____________________________________________________________________________
Email _______________________________ Phone ________________________________

Alternate emergency contact information:

Name ______________________________________ Relationship to you ________________
Address _____________________________________________________________________________ Email
____________________________________ Phone ________________________________

Insurance: All students must be covered by Wilkes insurance or other medical insurance.

If you have additional insurance coverage on this trip, provide the following:

Participant name: __________________________ Policy number _________________________

Insurance Co. phone number __________________________ Fax number ______________________

Special needs: Will you have any special needs on this trip- dietary consideration, medications, health, learning aids/accommodation, facilities with handicapped access etc?  __Yes  __No  If yes, contact the study abroad office for further discussion on how your needs may be accommodated.

Health/Immunizations: Some countries require proof of immunization. You are advised to get immunization information for your destinations from your doctors or a travel clinic. You are also advised to seek additional immunization and other health information by going to the US Center for Disease Control website at http://wwwnc.cdc.gov/travel/page/vaccinations.htm or to the World Health Organization website at http://www.who.int/ith/updates/20110427/en/

International Experience: Have you resided, studied or travelled oversees before? If so, then please indicate below

Location: ___________________________ Duration: ___________________________

Purpose of trip: ____________________________________________________________
4. STUDY ABROAD PROGRAM INFORMATION

Program Name ______________________________________  Country __________________  Contact
Person ___________________________________________  Email ______________________  Address
______________________________________________________________________________
Phone _____________  Program Start date ______________  Program End Date ______________

**Program cost:** List the estimated total expense listed in your program brochure (including tuition, room/board, air/ground transportation, passports, visas, vaccinations, supplies and others): $__________

Indicate how you intend to pay for your study abroad trip

- Personal savings $ ____________
- Parental support $ ____________
- Financial aid $ ____________
- Other $ ____________

Total resources $ ____________

Subtract total expenses from total resources $ ____________

If expenses exceed resources, how do you intend to make the difference?

Are you currently receiving financial aid? Yes __  No __

Have you submitted a FAFSA application for next year? Yes __  No __

Note: If you are applying to study abroad, you should submit a FAFSA application as soon as possible and meet with a financial aid counselor to discuss your eligibility for grants and/or student loans.

5. CERTIFICATIONS

May the Office of Global Education release your name, pictures from abroad and email address to parents or potential study abroad participants? Yes ___  No ___

May the Office of Global Education provide information related to your study abroad program to your emergency contact? Yes ___  No ___

*I certify that the information in this application is true and complete to the best of my knowledge. I understand that any action on this application is contingent upon review of all my grades until the time of my departure for the program. I understand that the application process will include supplementary materials, which I agree to complete promptly. If accepted I will participate in all required orientations and complete all evaluations. I authorize Wilkes University to release any information deemed relevant to my health and/or safety while abroad.*

Signature of applicant ____________________________  Date ____________
6. APPLICANT STATEMENT OF PURPOSE

On a separate sheet of paper, please type a half to one full page essay answering the following questions. How have your coursework and your personal experience prepared you to take advantage of the program for which you are applying? Further, discuss how overseas study will contribute to your future academic and career goals.

7. ADVISOR APPROVAL FORM FOR STUDY ABROAD

Applicant’s names (please print clearly):

Instructions: Please provide your academic advisor with descriptions of the courses you plan to take abroad for his/her approval. You should then list the approved courses in the spaces provided below and then have your academic advisor approve the courses by signing in the space provided below. After your academic advisor has signed, you should submit this course approval together with the rest of your application to the study abroad office in 208 Max Roth.

<table>
<thead>
<tr>
<th>Foreign course number, name &amp; credits</th>
<th>Wilkes equivalent course number, name &amp; credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Academic Advisor approval (or instructor, if this is a Wilkes faculty led program)

Advisor signature ________________________________ Date _______________

Print Name ________________________________

Department ________________________________ Phone number ____________________
8. FACULTY RECOMMENDATION FORM FOR STUDY ABROAD

Instructions: Student completes the top section and then gives it to faculty reference (not staff/administrator). Faculty completes the bottom section, signs and sends to 208 Max Roth.

To be completed by students: Please print neatly

Student’s name: ___________________________________________  Win # ____________________

Study abroad program (State the university, city, country):_____________________________________

To be completed by faculty

1. How well do you know the student? Please select the most appropriate response
   - Extensive contact as an advisor
   - Well acquainted in classroom environment
   - Limited contact in classroom environment

2. In comparison with other students whom you have known at comparable stages of their careers, please rate the student in these areas. Circle the most appropriate response.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below average</th>
<th>Unable to judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Maturity</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cooperation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adaptability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Initiative/Motivation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

3. Based on your knowledge of the student, please comment on his/her ability to participate in and benefit from a semester or a year of study abroad. If you need more space, please use the backside of this form or you may just attach a typed comment to this document.

Faculty signature: _________________________  Date: ____________

Print Name: ______________________________________  Department: ______________________  Phone # ____________

Please return this form to: Study Abroad Office, 208 Max Roth, 84 West South Street, Wilkes-Barre PA 18766 OR email the completed form to godlove.fonjweng@wilkes.edu or fax to 570-408-3626. For questions, please call 570-408-2065
9. Pre-departure orientation

Prior to departure all students studying abroad must plan to attend a pre-departure orientation offered and advertised by the study abroad office. During the orientation you will be required to leave a copy of the picture and visa pages of their passports with the study abroad office.

10. IMPORTANT WILKES CONTACT INFORMATION FOR YOU TO KEEP

Public Safety:       Phone   570-408-4999       Email   2fix@wilkes.edu
Study Abroad Office: Phone   570-408-2065       Email   godlove.fonjweng@wilkes.edu
Registrar:          Phone   570-408-4859       Email   susan.hritzak@wilkes.edu
Financial Aid:      Phone   570-408-2000       Email   onestop@wilkes.edu
11. This page is to be completed by Wilkes University officials ONLY

Banner code:

Study abroad applicant’s name:

Recommendation by Student Affairs:

Decision by Office of Global Education: