

**Faculty-Led Short Term Study Abroad Programs
Student Application****Application Instructions****I. Application Deadline Friday November 18, 2016**

Depending upon available space, late application *might* be accepted after the deadline. Applicants who submit an application after this date are not guaranteed a spot on the program and might be required to pay slightly higher program fees due to rate fluctuation in transportation costs. These rate increases are typically not significant. It is desirable to complete the application as soon as possible as space in the program could fill-up.

Applications are evaluated on the basis of the student's application and the faculty director's recommendation. The student **MUST** be in good disciplinary standing with Indiana State University in order to be considered for acceptance. A personal interview *may* be required.

II. Application Materials

ISU Faculty-Led Short Term Study Abroad Program Student Application Form

- Please print your name clearly using black or blue ink only. Be certain to sign and date the application before submitting it. If you do not have a passport yet, please write: "*In Progress*" and submit the application without your passport information.

Faculty Recommendation Form

- A recommendation form must be completed by a faculty member who is familiar with the student's performance in a classroom, and submitted along with the application.

II. Completed Applications

Completed applications must be returned either by email to the Faculty Director at lisa.decker@indstate.edu or in person to Michelle Perrelle in the Crim Department main office, Holmstedt Hall Room 208.

**Faculty-Led Short Term Study Abroad Programs
Student Application**

Student First Name: _____ Last Name: _____ 991 _____

Local address: Street or Hall: _____
City: _____ State: _____ Zip: _____

Permanent address: Street: _____
City: _____ State: _____ Zip: _____

Sycamore e-mail: _____ Phone Number: _____

Major: _____ Minor: _____ GPA: _____ Class Standing: _____

Anticipated Graduation Date: _____ Academic Advisor: _____

Country of Birth: _____ Country of Citizenship: _____

Passport Number: _____ Passport Expiration Date: _____ Date of Birth: _____

Parent / Guardian 1 Information

Suffix: Mr. Mrs. Ms. First Name: _____ M.I. ____ Last Name: _____

Relationship to Student: _____ E-mail address: _____

Permanent address: Street: _____
City: _____ State: _____ Zip: _____

Phone Number: _____ Home Cell Work

Phone Number: _____ Home Cell Work

May we share pre-departure / program information with this person? Yes No

Parent / Guardian 2 Information

Suffix: Mr. Mrs. Ms. First Name: _____ M.I. ____ Last Name: _____

Relationship to Student: _____ E-mail address: _____

Permanent address: Street: _____
City: _____ State: _____ Zip: _____

Phone Number: _____ Home Cell Work

Phone Number: _____ Home Cell Work

May we share pre-departure / program information with this person? Yes No

Course Information

Course Name: Seminar in Crim – Comparative Criminal Justice Course Number: Crim 416/416H/516
Instructor: Decker Location: arr Term: Summer I
Course Description: Comparative Criminal Justice
Instructor Signature: (Professor Decker will sign upon approval for the course/study abroad trip)

Required Disciplinary Information

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended at the college or university level, whether related to academic misconduct or behavioral misconduct?

Yes No

Are you currently on probation (whether academic or disciplinary) or with the justice system at any level (state or federal)?

Yes No

Have you ever been arrested, charged, or convicted of a felony, misdemeanor, or other crime?

Yes No

If you answered **YES** to any of the above questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances. Failure to disclose any infractions above may result in dismissal from the program without refund. All students must be in good academic and disciplinary standing in order to participate.

- I understand that all participants are required to adhere to the ISU Code of Conduct.
- I will read and familiarize myself with the policies.
- By signing below, I certify and acknowledge that I have read, understand, and agree to the information on this page and hereby agree to the ISU Code of Conduct, Release, Medical Disclosure, Cancellation Policy, and Student Visa and Passport information. I also certify that the information I disclosed in the disciplinary information section is true and accurate.

Student Signature Date

Answer the following questions to the best of your ability.

How do you believe you will benefit from this cultural study experience?

How well do you adapt to new situations?

Describe any other factors / information of which you would like us to be aware.

**Faculty-Led Short Term Study Abroad Programs
Faculty Recommendation Form****To be Completed by Student**Name of Student _____
First M.I. Last

Sycamore E-mail: _____

Course Name: _____ Course Number: _____

To be Completed by Faculty – may be returned directly to Faculty Director at lisa.decker@indstate.edu

In what capacity do you know this student? _____

How long have you known this student? _____

Based on the following scale, what are your impressions of this student regarding the following:

1: Very Favorable 2: Favorable 3: Average 4: Negative 5: Very Negative

<input type="checkbox"/>	Maturity	<input type="checkbox"/>	Open-Mindedness
<input type="checkbox"/>	Academic Ability	<input type="checkbox"/>	Ability to consider welfare of others
<input type="checkbox"/>	Initiative	<input type="checkbox"/>	Ability to adjust to new surroundings
<input type="checkbox"/>	Self-Reliance	<input type="checkbox"/>	Communication Skills
<input type="checkbox"/>	Emotional Stability		

Please provide any additional comments which you believe may further assist in the evaluation of this student for this travel experience.

Please select one of the following as your recommendation:

 I highly recommended I recommended I have some doubts I do not recommend

Faculty Signature _____ Date _____