

**Faculty-Led Short Term Study Abroad Programs  
Student Application****Application Instructions****I. Application Deadline: November 15<sup>th</sup>, 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.

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.

**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: \_\_\_\_\_

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**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: \_\_\_\_\_ Course Number: \_\_\_\_\_

Instructor: \_\_\_\_\_ Location: \_\_\_\_\_ Term: \_\_\_\_\_

Course Description: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

**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**

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"/> Academic Ability <input type="checkbox"/> Initiative <input type="checkbox"/> Self-Reliance <input type="checkbox"/> Emotional Stability	<input type="checkbox"/> Open-Mindedness <input type="checkbox"/> Ability to consider welfare of others <input type="checkbox"/> Ability to adjust to new surroundings <input type="checkbox"/> Communication Skills
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Please provide any additional comments which you believe may further assist in the evaluation of this student for this travel experience.

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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 \_\_\_\_\_