

Short Term Program Application

Application Checklist

Applications will not be considered until ALL application parts have been received. Print clearly and legibly using black or blue ink. Check off the boxes as you complete each part.

- General Information:** Complete the general information pages (1-2) in full.
- Health Information Form:** Information provided on this form has no bearing on acceptance.
- Proof of Health Insurance Coverage**
- Passport Copy:** Two copies of your passport photo page must be attached to your application packet. If you do not have a passport, you must apply for one as soon as possible.
- Two Recommendation Forms:** One must be completed by your academic advisor.
- ISIC:** Purchase the International Student Identity Card (ISIC) online (\$25) and provide a photocopy of the card to the CGE staff two weeks before departure.
<http://www.statravel.com/student-discount-card.htm>

NOTES:

Address and Contact Changes

Please inform the Center for Global Engagement of changes to your permanent or local address and telephone numbers.

E-Mail Address

The CGE will use your LHU e-mail address to convey important information before, during and after your short term program. If you do not use your LHU e-mail on a regular basis, begin getting into the habit of doing so now. It is possible to forward your LHU e-mail to a personal account.

Pre-Departure Orientation

All students accepted into a LHU sponsored short term program are required to attend all pre-departure meetings and are responsible for the information covered in these meetings.

Payment (Your Program Fees and tuition)

Short-term program participants must submit this application to the CGE staff, before making a payment with the Student Accounts Office. Once this application is received, you receive a slip granting you permission to pay for your program fees.

Short Term Study Abroad Program Application

COUNTRY/PROGRAM CHOICE _____
(Lock Haven University will make every effort to accommodate your program choice.)

GENERAL INFORMATION

1. Applicant's name _____
(please print or type) last first M.I.
2. GENDER: Male [] Female []
3. Year of study for which you are applying. Spring _____ Summer _____ Winter _____
4. Student ID _____
5. Birth Date - month _____ day _____ year _____
6. Visa held if not a U.S. Citizen _____ 6b. Country of Citizenship _____
7. University Address: Street _____ Tel#() _____ Cell#() _____
City _____ State _____ Zip _____
8. E-mail Address _____
9. Permanent Address: Street _____ Tel#() _____ Cell#() _____
City _____ State _____ Zip _____
10. NAME and RELATIONSHIP OF EMERGENCY CONTACT: (If under 21, name and address of a PARENT or GUARDIAN is required).
Name _____ Relationship _____
Street _____ Tel#() _____ Cell#() _____
City _____ State _____ Zip _____

ACADEMIC BACKGROUND

12. Major or Prospective Major _____ Minor _____
13. Cumulative Grade Point Average: _____
14. Circle your educational level: Freshman Sophomore Junior Senior Graduate

Short Term Study Abroad Program Application

page 2

15. Why do you wish to participate in this program?

16. How will you finance your participation in this program?

17. Do you have any special needs that the CGE office or the site of your exchange should be informed including, but not limited to reasonable accommodations for a disability? If you have a disability and require accommodations you must be registered through the Office of Disability Services at Lock Haven University. This information is **confidential** and should be written on a separate sheet of paper and sealed in an envelope to be attached to your application. Please write **confidential to be opened by the director** on the envelope.

Please return this form directly to:

**Center for Global Engagement
200 Ulmer Hall
Lock Haven University
Lock Haven, PA 17745**

Recommendation Form for Study Abroad

Applicant's Name _____
 (please type or print) last first M.I.

Study Abroad Program _____

Semester /Year of participation: Winter: 20____ Spring: 20____ Summer: 20____

Check ONE of the following statements and then sign below:

- I hereby forgo any claim to access this letter of reference written on behalf of my application to the Lock Haven University study abroad program.*
- I do **NOT** wish to forgo any claim to access this letter of reference written on behalf of my application to the Lock Haven University study abroad program.*

Signature of Participant _____ Date _____

1. In what capacity and how long have you known the applicant?

2. **Academic attributes:**

	Excellent	Good	Fair	Poor	Unknown
Competence in major or specialization					
Academic interest and motivation					
Capacity for independent study					
Resourcefulness					
Reliability					
Integrity					

3. **Non - Academic attributes:**

	Excellent	Good	Fair	Poor	Unknown
Level of maturity					
Self-confidence and self-esteem					
Emotional stability					
Open-mindedness					
Ability to adapt to new or unstructured circumstances					

4. Please state frankly (**on the reverse side or attach an additional sheet**) your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program, weighing both strong and weak points.

Evaluator's Name (print) _____ Department _____
 Institution _____ Signature _____ Date _____

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