

# LHU Study Abroad Program Application

## (for Fall Semester, Spring Semester & Academic Year)

- 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 below as you complete each part.
  - General Information:** Complete the general information pages (2-3) in full.
  - Academic Requirements:** You must have a minimum GPA of 2.5, and you must be at sophomore status (30 credits) to apply. You need **3 (three)** letters of recommendations from professors. Your academic advisor **must** be one of your references.
  - Health Information Forms:** Information provided on these forms has no bearing on acceptance.
  - I. Applicant's Medical History Form**
  - II. Health Information Form**
  - III: Proof of health insurance information**
  - Language Evaluation Form:** (Only for students applying to Costa Rica, France, Mexico and Spain.)
  - Transcript(s):** Provide an official transcript from each university or college that you have received credits.
  - 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 expedite your passport application.
  - ISIC:** Purchase the International Student Identity Card (ISIC) online and provide a photocopy of the card to the CGE. <http://www.statravel.com/student-discount-card.htm>
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### PLEASE NOTE THE FOLLOWING:

**IMPORTANT: DO NOT CONTACT PARTNER INSTITUTIONS UNTIL YOU HAVE BEEN ACCEPTED TO STUDY ABROAD. THE CGE STAFF WILL PROVIDE ACCEPTED STUDENTS WITH CONTACT INFORMATION FOR THEIR HOST UNIVERSITY DURING ORIENTATION. APPLICANTS WHO VIOLATE THIS RULE WILL HAVE THEIR APPLICATION REJECTED.**

### Application Deadlines

Application deadlines are October 1 for spring semester programs and March 1 for fall semester programs.

**Academic Requirements:** GPA of 2.5 or higher (no exceptions) and have reached sophomore status (30 credits).

Freshman can petition to study abroad during their second semester, (science and education majors only), but are not eligible to study at some locations.

**International Service Fee:** All study abroad participants are charged an international service fee of \$150 per semester (on student bill).

### Address and Contact Changes

Please inform the CGE of changes to your permanent or local address and telephone numbers.

### E-Mail Address

The CGE will ONLY use your **LHU e-mail address** (no Gmail, Hotmail, Yahoo, etc.) to convey important information before, during, and after your semester abroad. If you do not use your LHU e-mail on a regular basis, begin getting into the habit of doing so now.

### Pre-Departure Orientation

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

# Study Abroad Program Application

## General Information

1<sup>st</sup> University/COUNTRY/ CHOICE \_\_\_\_\_ 2nd CHOICE \_\_\_\_\_  
*(Lock Haven University will make every effort to accommodate your first program choice; however, we ask that you provide us with a second choice so that we can better work with you if your first choice is not available.)*

### GERERAL INFORMATION

1. Applicant's name \_\_\_\_\_  
 (Please print or type) last first M.I.
2. GENDER: Male [ ] Female [ ]
3. Period of study for which you are applying. FALL 20\_\_\_ SPRING 20\_\_\_ ACADEMIC YEAR 20\_\_\_/20\_\_\_
4. Student ID \_\_\_\_\_
5. Birth Date\_month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 City/state
6. Visa held if not a U.S. Citizen \_\_\_\_\_ 6b. Country of Citizenship \_\_\_\_\_
7. Local 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 \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### ACADEMIC BACKGROUND

12. Major or Prospective Major \_\_\_\_\_ Minor \_\_\_\_\_
13. Specialty within major field, e.g. piano, sculpture, Russian history, etc: \_\_\_\_\_
14. Cumulative Grade Point Average: \_\_\_\_\_
15. Circle your educational level: Freshman      Sophomore      Junior      Senior      Graduate
16. Academic Advisor's Name (Print) \_\_\_\_\_
17. High School and Colleges/Universities you have attended:

NAME	FROM	TO	DEGREES

# Study Abroad Program Application

18. Language courses you will have completed prior to the beginning of the program that you are applying:

TITLE	CREDITS	GRADES	HS or COLLEGE

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

20. How will you finance your participation in the study abroad program?

21. 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 for 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.

*I attest that the above information is correct and truthful to the best of my knowledge. By signing this form, I grant permission to the Director of the CCGE, the Academic Dean, and the Dean of Student Affairs to review my academic and disciplinary record to determine my eligibility for participation in study abroad.*

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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.

1<sup>st</sup> University/Country/ CHOICE \_\_\_\_\_ 2<sup>nd</sup> CHOICE \_\_\_\_\_

Semester /Year of participation: FALL 20\_\_ \_\_ SPRING 20\_\_ \_\_ ACADEMIC YEAR 20\_\_ \_\_/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 \_\_\_\_\_

2. 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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 Lock Haven, PA 17745**

# Study Abroad Program Application

## I. APPLICANT'S MEDICAL HISTORY REPORT Lock Haven University of Pennsylvania

(Confidential)

This form is to be completed by you and your health care professional.

University/Country: \_\_\_\_\_ FALL 20\_\_ \_\_ SPRING 20\_\_ \_\_ ACADEMIC YEAR 20\_\_ \_\_ 20\_\_ \_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance Data: No. \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

### Past Medical History: Have you had?

Measles.....	No	Yes	Venereal Disease.....	No	Yes	Strokes .....	No	Yes
Mumps .....	No	Yes	Concussion or Head Injuries .....	No	Yes	Tuberculosis .....	No	Yes
Chickenpox .....	No	Yes	Rheumatic Fever or Heart Disease .....	No	Yes	Broken bones .....	No	Yes
Epilepsy .....	No	Yes	Have you had any serious illness .....	No	Yes	Cancer.....	No	Yes
Diabetes.....	No	Yes	If yes, what? _____					

Have you ever been hospitalized, had surgery, or been under extended medical care? No Yes If yes, for what reason?

### Systemic Review: Do you have any of the following?

#### Eyes-Ears-Nose-Throat:

Eye disease or injury .....	No	Yes
Do you wear glasses .....	No	Yes
Double vision.....	No	Yes
Headaches .....	No	Yes
Glaucoma.....	No	Yes
Nosebleeds .....	No	Yes
Chronic sinus trouble.....	No	Yes
Ear disease .....	No	Yes
Impaired hearing .....	No	Yes
Do you wear hearing aids.....	No	Yes
Dizziness.....	No	Yes
Episodes of unconsciousness .....	No	Yes

#### Skin:

Skin disease, hives, eczema.....	No	Yes
Jaundice .....	No	Yes
Frequent infection or boils.....	No	Yes
Abnormal pigmentation.....	No	Yes

#### Neck:

Stiffness.....	No	Yes
Thyroid trouble.....	No	Yes
Enlarged glands.....	No	Yes

#### Respiratory:

Spitting up blood.....	No	Yes
Chronic or frequent cough .....	No	Yes

Have you been in good general health most of your life? No Yes If not, please explain \_\_\_\_\_

### Allergies and Sensitivities: Is there a history of skin reaction or other reaction or sickness following injections or oral administration of:

Penicillin or other antibiotics .....	No	Yes	Novocain or other anesthetics .....	No	Yes
Morphine, Codeine, Demerol, other narcotics.....	No	Yes	Sulfa drugs.....	No	Yes
Aspirin or other pain remedies.....	No	Yes	Adhesive tape .....	No	Yes
Tetanus antitoxin or other serums .....	No	Yes	Iodine.....	No	Yes
Any foods, such as egg, milk or chocolate.....	No	Yes	Any other drug or medication .....	No	Yes

List:

List:

Any other allergies? No Yes If yes, please list \_\_\_\_\_

**Neuro-psychiatric:**

Have you ever had psychiatric care? No Yes Please explain if yes \_\_\_\_\_  
 Have you been advised to see a psychiatrist? No Yes Please explain if yes \_\_\_\_\_  
 Have you ever had fainting spells? No Yes Please explain if yes \_\_\_\_\_

**Immunizations:**

<b>Tdap</b>		*one dose Tdap within 10 years		
<b>Meningitis</b>		*one dose Meningitis within 5 years		
<b>MMR</b>			*two doses of MMR	
<b>Varicella</b>			⇒*two doses of varicella OR date of disease	
<b>Hepatitis B</b>				*three doses of Hep B *four doses of polio
<b>Polio</b>				

**TB Test Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

If you have a *disabling physical condition or history of disease such as, Rheumatic Fever, Heart Disease, Tuberculosis, Diabetes or Convulsive Disorder*, please describe the condition and the prescribed treatment below.

I certify that I am a health care professional legally qualified in the state of \_\_\_\_\_; and that I have examined the above named applicant; that the above statements are correct; and that I find the applicant is neither mentally nor physically disqualified by reason of tuberculosis or any chronic or acute defect from successful performance as a college student, except as noted above.

\_\_\_\_\_  
(Examining Health Care Professional)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Examination)

\_\_\_\_\_  
(City) (State) (Zip)

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 Lock Haven University  
 Lock Haven, PA 17745**





# Foreign Language Assessment Study Abroad

(Only for students applying to programs in the following countries:  
Costa Rica, France, Germany, Italy, Mexico and Spain)

**For the student:**

Applicant's Name \_\_\_\_\_  
(Please type or print)                      last    first    M.I.

University/Country \_\_\_\_\_

Semester /Year of participation: FALL 20\_\_ \_\_ SPRING 20\_\_ \_\_ ACADEMIC YEAR 20\_\_ \_\_/20\_\_ \_\_

**Check ONE of the following statements and then sign below:**

- I hereby forgo any claim to access this assessment 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 assessment written on behalf of my application to the Lock Haven University study abroad program.

1. Native Language \_\_\_\_\_ Language evaluated \_\_\_\_\_

2. Please explain your language preparation relevant to the country in which you are applying to study.

3. How many semesters have you completed in the target language in high school and university? \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**Section to be Completed by a Language Professional**

1. Evaluation is Based on:
2. How long and in what capacity have you known the applicant?
3. Please rate the student's foreign language competency in the following areas.

Language Skills	Unable to Judge	Basic	Intermediate	Advanced
Listening Comprehension				
Speaking Competency				
Reading Comprehension				
Writing Competency				

3. If the student is a native speaker, are you satisfied that he/she can read and write the language at the intermediate level?  Yes  No  N/A (not a native – speaker)
4. Based on your knowledge of the applicant please comment on his/her linguistic ability to participate in and profit from a semester of study abroad.

Assessor's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Institution \_\_\_\_\_

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