

# Application for Study Abroad



Please type or print clearly in BLOCK LETTERS.

Study Abroad Program \_\_\_\_\_  
(Institution or Country)

1. Name \_\_\_\_\_ Sex:  male  female  
( as it appears on your passport or birth certificate) last (family or surname) first (given) middle or maiden

2. Student ID: \_\_\_\_\_ Home institution: \_\_\_\_\_

3. Please write your address as it would appear on an envelope, using one line for each line of your address.

Present address: (valid until \_\_\_\_/\_\_\_\_/\_\_\_\_)  
month / day / year

Permanent address: (mail will be sent here after date given at left.  
Include summer contact address, if different.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

telephone (with area code): \_\_\_\_\_

telephone (with area code): \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

4. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (ex: Sept. 18, 1980)  
month / day / year

5. Place of birth: \_\_\_\_\_  
city state and country

6. Major field: \_\_\_\_\_

Minor field: \_\_\_\_\_

7. Expected graduation date: \_\_\_\_/\_\_\_\_  
month / year

Cumulative GPA: \_\_\_\_\_

8. Principal field(s) of study during exchange: \_\_\_\_\_

9. Indicate the academic level at which you are requesting a SA program:  sophomore  junior  senior

10. Indicate the duration for which you are requesting a SA program (check one):

One semester  Two semesters

Beginning date requested: \_\_\_\_/\_\_\_\_  
month / year

11. Please write a statement on a separate sheet of paper on why you want to study abroad. Reflect as well on the differences you expect to encounter abroad and what you hope to learn from them.

12. If applicable, please indicate the nature and extent of your experience abroad:

\_\_\_\_\_  
\_\_\_\_\_

13. Language Proficiency (excellent, good or fair)

Language	Speaking	Reading	Writing
_____	_____	_____	_____
_____	_____	_____	_____

14. Do you have any special needs or require special services during your program (i.e., dietary considerations, learning aids, or facilities with handicapped access)?

Yes  No

\* If yes, please describe on a separate sheet.

15. Completion of this question is voluntary. Your cooperation is greatly appreciated and will not affect the outcome of your application. Please check the box(es) that best describe your ethnic origin.

African-American  Asian or Indian Subcontinent  Caucasian  Hispanic/Latino  
 Multi-racial  Native American  Other: \_\_\_\_\_

16. If you participate in a Study Abroad program, would you serve as a resource for other MU students by providing your address, telephone, and email address?  Yes  No

17. Person(s) to contact in case of emergency:  
Name(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (with area code): \_\_\_\_\_ Email: \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR OFFICIALS OF MANSFIELD UNIVERSITY TO CONTACT THE INDIVIDUAL NAMED ABOVE AND/OR TO PROVIDE INFORMATION REGARDING MY STATUS TO THIS PERSON AND OTHERS NAMED BELOW. (List names of persons who would likely call the university for information about your situation and to whom you grant a release of information.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To complete your application, please read and sign the following:**

- I will take part in all aspects of the program, including orientation and evaluation.
- I will pay to Mansfield University the designated program fee covering the full period of my placement abroad.
- I will contact the appropriate financial aid office and inform them of my intention to study abroad.
- My placement will be limited to the period specified. An extension request is subject to review and approval by my home and host institutions.
- My placement may be terminated by Mansfield University or my host institution if I fail to remain enrolled full time at my host institution, fail to maintain minimum academic standards as defined by MU or my host institution, or am found by MU or the host institution to be in violation of laws or regulations of my host country or institution.
- If I withdraw from the program anytime after accepting the placement, or if my placement is terminated after I arrive at my host institution:
  - a) I may still be obligated to pay the full program fee at the discretion of MU in collaboration and agreement with my host institution.
  - b) I will forfeit my right to receive benefits as a SA participant and must reimburse my host institution for any money advanced to me to cover benefits after the date of my withdrawal or termination.
- I have read and signed the Waiver and Release agreement included with the application package.

I acknowledge that all statements in this application are complete and accurate to the best of my ability. I have read and understand the terms and conditions of undertaking a SA program.

**I AM AWARE THAT IT IS MY RESPONSIBILITY TO OBTAIN A PASSPORT, ALL NECESSARY VISAS AND TO ARRANGE AIR TRAVEL UNLESS SPECIFIED OTHERWISE.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's name (type or print)

**To Be Completed by the Program Director/Director of Study abroad**

18. \_\_\_\_\_ has been (please check one):  
(student name)

recommended for participation in a Study abroad program in \_\_\_\_\_  not recommended

19. I have reviewed the complete application and discussed it with the applicant. I am satisfied that the applicant has received approval for participation in a SA program from all required faculty members and administrative officials, and that all relevant information required for SA placement has been fully supplied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Date

*It is the policy of MU not to discriminate on the basis of sex, color, race, ethnic or national origin, sexual orientation, religious affiliation or physical handicap in offering or confirming placement for study abroad.*