

STUDY AWAY APPLICATION

DEADLINE:
March 1 for Fall or Summer semester
October 1 for Spring semester

Date Application Submitted: _____

\$50 Nonrefundable Application Fee Received: _____

Pay in the admin building Cashier Window; bring this application with you

Please type or print very clearly.

PROGRAM

Desired program: NSE Worldstrides
Term(s): AY 20____ Fall Semester 20____ Spring Semester 20____ Summer 20____

Name of institution, city, and state or country of program you wish to attend:

CONTACT INFORMATION

Name: First _____ Middle _____ Last _____

Best Address:

Best Phone: _____ / _____

E-mail: _____ LC State ID: _____

SCHOLASTIC AND DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): _____ Gender: Female Male Other

Class Level: So Jr Sr Major: _____

Will you receive financial aid while on exchange? Yes No

Where do you plan to reside at the exchange school? Dorm Sorority/Fraternity Off-campus Homestay

Resident status: Idaho resident Asotin county resident Non-Idaho resident

Citizenship: United States Other _____

If other: Non-resident alien — If non-resident alien, visa type _____

Lawful permanent resident

OTHER CONSIDERATIONS

Have you ever been convicted of a felony? Yes No

Are you on probation, parole, or have any legal judgments pending against you either on or off campus?

Yes No If yes, please explain: _____

LANGUAGE PROFICIENCY

What is your native language? English French Spanish Other: _____

Can you demonstrate language proficiency in the main language spoken at the host institution?

Yes No

EMERGENCY CONTACT

Name _____ Relationship _____

Street _____

City, State/Province, and Zip/Postal Code _____

Phone _____ / _____ E-mail _____

SPECIAL NEEDS OR CIRCUMSTANCES

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be needed; a documented disability which may require academic accommodation (e.g., note-takers, taped texts); a medical condition which might require immediate attention during exchange; or a condition which might affect emotional or mental well-being during exchange, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you at LC State. LC State does not discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process is invited in order to assist you in identifying a program which can provide reasonable accommodation of your needs. Once accepted into a program, it is your responsibility to work with the study away coordinator to determine the deadlines by which you must submit current, written, and professionally documented information as required by your host campus. The above disclosures are suggested but not required or mandated by LC State or its affiliated institutions, but are strongly suggested only, in order that participating students may receive the services they need and deserve.

RELEASE OF INFORMATION

The collection, retention, and dissemination of your records and information about you are subject to federal regulation under the Family Education Rights and Privacy Act of 1974. You are responsible for specifying the persons or agents who have access to your records. Therefore, it is necessary that we obtain your permission to request and release information pertinent to your study away program. Please read the following statements and sign below:

- I understand that it will be necessary for my campus to have access to certain information about my academic and non-academic record in order to: 1) ascertain my eligibility and suitability for an exchange, and 2) facilitate my exchange after it is arranged. I hereby grant permission to the Study Away coordinator and/or designee to obtain information that is appropriate to my application and participation in the exchange including, but not limited to, letters of recommendation, permanent academic records and transcripts, conduct, financial records (pertaining to academics), medical records, all for the purposes of exchange placement and participation, continuation, or termination.
- I give permission to the study away coordinator and/or designee to contact appropriate personnel in order to verify that I am under no disciplinary action for violation of codes of academic and student conduct and/or that I have no judicial cases pending which would invalidate my eligibility for exchange.
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the study away application process to my home Study Away coordinator, designee, and those individuals/committees responsible for reviewing and approving my application for exchange participation.
- I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the application process to the host institution at which I am placed.

Signature _____ Date _____

Program of Study Statement

What are your academic expectations while on exchange and how will they contribute to your degree program? What courses are you considering taking?

How will going on exchange contribute to your personal development? What do you hope to accomplish on exchange that you could not do at your home campus?

What motivated you to select your destination?

SUPPORTING MATERIALS OR OTHER REQUIREMENTS

- Recommendations/references (Submit one reference form to an advisor or faculty/staff member, and one other person (faculty or personal) who will recommend you for the study away program. Forms are below.
 - Language proficiency report (if applicable)
-

SIGNATURE

I have read and fully understand:

- campus policies and procedures governing my exchange participation.

I further understand that:

- participating in international exchange is a privilege and not a right.
- the study away fee is non-refundable
- submitting an application is not a guarantee of application acceptance or placement.
- failure to maintain (prior to and during my exchange) all of the eligibility requirements of the program and those of my home and host campuses will result in the cancellation of my exchange.
- failure to pay all financial obligations to my home and host campuses will result in the cancellation of my exchange; and my home and host campuses will not release transcripts or permit me to re-enroll at, or graduate from, my home campus until all financial obligations are paid.
- I will be required to act as an ambassador on my host institution campus and may be asked to serve as an ambassador at LC State upon my return from exchange.
- I am bound by the LC State Student Code of Conduct while participating in the program.

I authorized all parties involved in this program to discuss my situation as the need arises for the purposes of fulfilling program requirements.

If accepted for participation in a study away program, I agree to adhere to all the rules and regulations of both my home and host institutions. Failure to do so will result in the cancellation of my program.

I affirm that all information is complete, accurate, and true to the best of my knowledge. I acknowledge that I am signing freely, voluntarily, and under no compulsion.

Signature _____ Date _____



Reference - Academic Advisor/Faculty Member

Applicant's Name: _____

To the Academic Advisor:

The LC State Study Abroad Program provides students with the opportunity to attend partner universities around the world for a summer, single term, or an academic year. Students participate in this exchange to take advantage of the unique geographic, cultural, and academic characteristics of institutions and/or regions.

In making decisions on the appropriateness of a student's participation in the exchange, we need to know about their motivation, adaptability, academic skills, and those personal qualities that will give students the ability to benefit fully from the exchange experience. While we will appreciate any observations that will assist us in evaluating the present applicant, of special interest are qualities such as competence, independence, assertiveness, resourcefulness, quality of performance, confidence, social skills, open-mindedness, and integrity.

Please indicate the basis and extent of your acquaintance with the applicant. Placing your remarks in a comparative perspective will further assist the study away office in reaching a decision about the applicant.

In summation, please state frankly your opinion of this applicant's chances for academic and non-academic success in an exchange program, weighing both strong and weak points.

*Occasionally, an academic advisor has not had enough contact with a student to do an adequate personal evaluation. However, in that situation we would like a statement regarding your willingness to work with the student to determine where courses taken at the host campus will fit into the student's home academic program. We would also like to know the appropriateness of exchange at this time in the student's program of study. We are particularly concerned that the student's academic progress will not be hindered by participating in the international exchange. Those statements can be entered in section 4 on the reverse side of this form.

1. How well do you know the applicant? (Check the most appropriate response.)

- Extensive contact in a variety of settings
- Well acquainted in classroom or campus environment
- Limited contact in classroom or campus environment
- Other

2. In comparison with other students whom you have known at comparable stages of their education, please rate the applicant in these areas. (Circle the most appropriate response.)

	Excellent	Very Good	Average	Below Average	Unable to Judge
Academic Ability	4	3	2	1	X
Maturity	4	3	2	1	X
Cooperation and Adaptability	4	3	2	1	X
Initiative and Motivation	4	3	2	1	X
Social Skills	4	3	2	1	X
Open-mindedness	4	3	2	1	X
Integrity	4	3	2	1	X
Independence	4	3	2	1	X
Resourcefulness	4	3	2	1	X
Self-Confidence	4	3	2	1	X

3. Exchange to an international campus would be appropriate for the applicant: ___ Yes ___ No

4. Remarks - Based on your knowledge of the applicant, please comment on his/her chances for success and what would be gained from an exchange experience.

Name (print) _____ Title _____

E-mail _____ Phone _____

Signature _____ Date _____

Return this form to:

**International Programs Office
Reid Centennial Hall, Room 212
500 8th Avenue, Lewiston, ID
83501-2698**



Reference – Faculty/Staff/Personal

Applicant's Name: _____

To the Faculty or Staff Member, or Personal Reference:

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