Study Abroad Application

Thank you for your interest in the Kean University Study Abroad Program. Kean students through our various affiliations are able to attend accredited institutions in over 30 countries worldwide that will challenge you intellectually, as well as provide a venue for first-hand learning about their unique cultures. Therefore, qualified students must demonstrate academic excellence at Kean and interest in challenging the boundaries of their experience.

**Eligibility**
Candidates must:
1) Possess a *minimum* cumulative grade point average of 2.8 at the end of the semester prior to studying overseas.
2) At least be a *sophomore during their overseas semester*.

**Deposit**
Certain study abroad programs may require additional deposits to be submitted along with their application. Check with the study abroad coordinator to see if your program requires additional deposits. Refund policies vary from program to program, depending on the host institution’s requirements. Your study abroad coordinator will advise you if the host institution imposes financial penalties for withdrawal prior to start of the study abroad program.

**Application Deadline**
Fall Semester Abroad or Summer Semester Abroad – *April 15*
Spring Semester Abroad – *November 15*
STUDY ABROAD APPLICATION
(Please type or print all information)

Study Abroad Country __________________ Study Abroad University ______________________________
Study Abroad Program (circle one): ISA  CEA  AIFS  TEAN  Other______________________________
Year ___________ Semester ____________________________

PERSONAL INFORMATION

Name ___________________________________________ ____________________________
(First) (Middle) (Last)

Current Address ________________________________________________________________

Permanent Address (if different from above) __________________________________________

Permanent Telephone (___) __________________________ Email ___________________

Kean ID Number ___________________ Social Security # ___________________ Sex _________

Date of Birth (mm/dd/yy) __________ Passport # (if known) __________________________

Place of Birth _____________________________ Country of Citizenship _____________________

ACADEMIC RECORDS

Home College ________________________________________________________________

Grade Point Average _________

Major ________________________ Total Completed Credits (not in progress) ___________________

PERSONAL EXPERIENCES/GOALS

Career Goals ________________________________________________________________

Hobbies and Special Interests ________________________________________________

Campus Activities __________________________________________________________

Work Experience ____________________________________________________________
You must attach a 300-500 words type written, double-spaced essay, which includes the following information: a) your reasons for wanting to study abroad, b) your reasons for selecting where you want to spend your study abroad, c) the courses you plan to take during your study abroad and why these courses were chosen, d) past travel or study abroad experiences, and e) your community and/or campus activities.
EMERGENCY CONTACT

On rare occasion, an emergency requiring hospitalization and/or surgery may develop. This form is a safeguard to prevent dangerous delay in case of emergency. Please print or type information requested.

This information is for ____________________________________________________________________________________________________________

First Name: ______________________________________ Last Name: ______________________________________

1) Emergency Contact: Name/Relation ____________________________________________
   Home Address ______________________________________________________________________________________
   Day Phone (______) ________________________________________________________________________________
   Evening Phone (______) ____________________________________________________________________________

2) I have current health and medical coverage for the duration of my semester abroad under:
   Insurance Carrier ____________________________________________
   Policy Number ____________________________ Expiration Date ____________________________

3) Medicines I am allergic to:
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

4) The following are medical conditions in which a physician in another country should be made aware of:
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

5) In the event of an emergency and we cannot be reached, we give our consent to authorize treatment or hospital care that is in the best judgment of the licensed physician.

Student Signature ______________________________________________________ Date _____________
The following agreement is designed to protect all participants in the Kean University Study Abroad Program: students, faculty, and staff of Kean University, and overseas host institutions. Please indicate permission/agreement with the following conditions by affixing your signatures below.

We understand that any program of travel does involve some degree of risk and that participation in the program is entirely voluntary. We release Kean University, its trustees, officers, and employees from any responsibility from any claims, lawsuits, damages, expenses, liabilities, or injuries which may occur or be given rise during participation in the Study Abroad Program.

We understand that it is the responsibility of the student to have adequate medical, health, travel, and liability insurance coverage for the duration of the overseas experience. We have verified coverage with our insurance carrier(s) and it is valid overseas. We will provide documentation at the request of the Kean University Director or host institution officer.

We agree that if the student drives or operates any vehicle (i.e., car, bicycle) while abroad, the student takes full responsibility for all claims damages, liability, lawsuits, or injuries occurring as a result of this action.

We understand that while traveling or residing in a foreign country, the student will be subject to laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of the Kean University Study Abroad Program.

We understand that if a student leaves the program once the overseas program has begun or the institution and associated fees have been paid, there will be no refund. If the student is receiving financial aid (i.e., loans, grants, scholarships), it is understood that the student has committed full payment for tuition and program fees. Kean reserves the right to submit the student’s account to a collection agency for delinquent or nonpayment.

We understand the study abroad experience exists to ensure overseas opportunities to the student body present and future that outstanding balances limit the future opportunities for all Kean University students.

Printed Name__________________________________________________________

Signature of Student___________________________________________________ Date_________________
I agree to abide by the following guidelines while spending a semester abroad as a Kean University student:

- I will abide by the rules, regulations, and policies of the host institution.
- I will become familiar with and abide by the laws of my host country or other countries I visit.
- I will correspond with Coordinator of the Study Abroad Program regularly while overseas.
- My personal conduct will be a credit to my country, Kean University, my family and myself.
- I will respect the cultural and ethnic differences of my host institution and of individuals I meet.
- I will place primary priority on my academic responsibilities while studying overseas.
- I agree to stay for the full term of my host institution and not leave before classes are completed.
- I will complete all papers, take all required examinations, read all texts, and attend all classes as prescribed by my host institution.
- If housing is provided by a host family or individual, I agree to abide by the policies and standards governing that household.
- I understand it is my responsibility to prepare all paperwork to obtain passports, visas, and identification cards.
- I will remain in full-time status as defined by Kean University for my program while overseas.

I understand participation in the Kean University Study Abroad Program carries with it standards, requirements, and policies of the host institution, to respect the opinions and interests of all people involved in this endeavor, and in general, to conduct myself in a manner bringing honor to myself and to Kean University.

I certify that I have not, to the best of my knowledge, misrepresented any information supplied in this application.

Signature of the Student____________________________________  Date_____________________
Please complete the top half of the document and submit it to the CIS offices. CIS will deliver it to The Office of Student Conduct on your behalf.

I recognize that my student conduct (disciplinary) history as a Kean University student may affect my status as a study abroad participant. With this knowledge, I hereby request that The Office of Student Conduct perform a student conduct check, and that records be sent to The Center for International Studies for further release to the appropriate study abroad program provider(s) listed below.

Study abroad program provider

Student name (printed)

Student signature

Date

Student Kean ID number

Student Conduct Officer, please indicate below any disciplinary infractions for the aforementioned student.

Student Conduct Officer name (printed)

Student Conduct Officer signature

Date
Reference Form

Part I. To be completed by applicant.

Reference submission deadlines: April 1 - Fall or Summer Study Abroad
(Please circle one) October 17- Spring Study Abroad

Name of applicant (print): __________________________________________________________

Location Abroad: ____________________________Major/Program _______________________

I (agree, do not agree) to waive my right of access to this reference. (Please circle one)

__________________________________________
(applicant signature)

Be sure to provide the evaluator with a stamped, addressed envelope and the deadline for submitting the reference form.

Part II. To be completed by the evaluator.

The student named above has applied for participation in the Kean University Study Abroad Program. A semester living in an unfamiliar environment can be a demanding experience, requiring organizational skills, self-reliance, and motivation beyond levels expected “at home.” Your help in candidly appraising the applicant’s strengths and limitation in this regard is greatly appreciated. If the student has signed the waiver above, this will be a confidential recommendation; if not, the student may see this form at a later date.

1. How long and in what capacity have you known the applicant?

2. In comparison with other students, how would you rate the applicant in the following areas (leave blank for no opportunity to observe)?
Competence in major or specialization: ________  ________  ________  ________
Academic interest and motivation: ________  ________  ________  ________
Capacity for independent study: ________  ________  ________  ________
Reliability: ________  ________  ________  ________
Ability to adapt to new or unstructured circumstances: ________  ________  ________
Self-confidence or self-esteem: ________  ________  ________  ________
Ability to relate well to others: ________  ________  ________  ________
Emotional stability: ________  ________  ________  ________
Integrity: ________  ________  ________  ________

3. Describing this student’s strengths and limitations, please evaluate this student’s chances for a successful overseas experience. Please feel free to attach additional pages if necessary.

Evaluator’s Signature
Date
Evaluator’s Name (print)

Title
Organization
Address

Thank you for your time and honest appraisal; please return this form directly to:

Kean University Center for International Studies
Study Abroad Program
1000 Morris Avenue
CAS 121
Union, New Jersey 07083
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<th>Competence in major or specialization</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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