Thank you for your interest in the Kean University Study Abroad Program at Wenzhou University. Kean students are able to attend Wenzhou-Kean which will challenge you intellectually, as well as provide a venue for first-hand learning about China’s unique culture. Therefore, qualified students must demonstrate academic excellence at Kean and interest in challenging the boundaries of their experience.

**Dates:**
Wenzhou-Kean Fall 2015 Semester: **September 1, 2015-December 18, 2015** (estimated departure August 26, 2015)

**Eligibility**
Candidates must:
1) Possess a minimum **cumulative grade point average of 3.0** at the end of the semester prior to studying overseas.
2) At least be a **sophomore during their overseas semester and not in their final semester while studying abroad.**
3) In order for tuition, room and board and flight expenses to be covered, you must currently live on campus or add the on-campus room and board fee as part of your total cost.

**Required Forms**
- Submit completed **Study Abroad Application** with essay requirement
- Updated **Curriculum Guide Sheet** from Student Advisor listing courses you can take at Wenzhou-Kean.
- **Two references** (from academic faculty).
- Submit **Financial Aid worksheet** to cover cost of attendance (if applicable).
- An **unofficial Kean transcript** verifying your GPA must be submitted with your application.
- **$300 non-refundable** deposit will be due after gaining acceptance (this will cover international travel insurance cost & Chinese visa).

**Application Deadline**
June 15, 2015
*Acceptance Notices will be sent by July, 2015. Upon acceptance, other forms will be required and will be detailed on acceptance letter ($300 deposit, medical examination, copy of passport, copy of China visa, etc.).

*Kean University is an affirmative action, equal opportunity institution. Students with documented disabilities who may need special instructional accommodations or who may need special arrangements in the event of an evacuation should register with the Office of Disability Services. Students may contact Kean’s Disability Office in Downs Hall Rm 127 to discuss special needs, 737-4910*
Kean University  
Center for International Studies  
Wenzhou-Kean Study Abroad Program

STUDY ABROAD APPLICATION
(Please type or print all information)

Study Abroad 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 __________________________

Gender ______________________________    Ethnicity _________________________________________

First Generation College Student:  Yes [ ]   No [ ]  (you are the first to attend college in your immediate family)

Are you currently registered with Kean Office of Disability Services?    Yes______              No_________

ACADEMIC RECORDS

Grade Point Average _________ (Min. GPA of 3.0 required. Kean unofficial transcript must be submitted)

Major _________________________  Total Completed Credits (not in progress) _________________________

PERSONAL EXPERIENCES/GOALS

Career Goals __________________________________________________________

Hobbies and Special Interests __________________________________________________________________________

Campus Activities ______________________________________________________________________________________

Work Experience ______________________________________________________________________________________

Personal Statement

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) past travel or study abroad experiences, and d) 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 ______________

Parent/ Guardian Signature _______________________________________________  Date ______________
STUDENT CONDUCT RECORDS RELEASE

Please complete the top half of the document and submit it to the CIS offices.

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.

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 ________________________________________________
Kean University  
Center for International Studies  
Study Abroad Program 

STATEMENT OF AUTHORIZATION AND CONSENT

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 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.

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______________

Signature of Parent or Legal Guardian___________________________________ 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 Wenzhou-Kean campus.
- I will become familiar with and abide by the laws of the foreign country or other countries I visit.
- I will correspond with Coordinator of the Study Abroad Program regularly while overseas.
- My personal conduct will be credit to my country, Kean University, my family and myself.
- I will respect the cultural and ethnic differences of Wenzhou-Kean 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 the Wenzhou-Kean calendar 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 Wenzhou-Kean.
- While living on Wenzhou-Kean campus, I agree to abide by the policies and standards governing residential living.
- I understand it is my responsibility to prepare all paperwork to obtain passports, visas, and identification cards.

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_____________________


Reference Form

Part I. To be completed by applicant.

Reference submission deadlines: June 15, 2015

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
Center for Academic Success – CAS 121
Union, New Jersey 07083
Reference Form

Part I. To be completed by applicant.

Reference submission deadlines: June 15, 2015

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Location Abroad: ________________________________ Major/Program ______________________

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

_______________________________________________________________________________________

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2. In comparison with other students, how would you rate the applicant in the following areas (leave blank for no opportunity to observe)?
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<thead>
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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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<tr>
<td>Academic interest and motivation</td>
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<td>Capacity for independent study</td>
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Evaluator’s Signature  ___________________________  Date  ___________________________
Evaluator’s Name (print)  ______________________________________________________________
Title  ____________________________________________________________
Organization  ____________________________________________________________
Address  ____________________________________________________________________________

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