



## Application Directions for Study Abroad

We are delighted that you are applying to study abroad on an Arcadia program. This is the first step of your journey, and while there is a lot to do, it should not be overwhelming. Please use the following checklist to help you through the process, if you have any questions, call us at (215) 572-2901.

Mail your complete application to the address at the top of this page or fax it to (215) 572-2174. We will begin to process your application as soon as we have received a completed form (must include all the items in the checklist) and the application fee. We will be in touch when we have received your completed application. Please note that the application and additional forms can be found on Arcadia University's website at [studyabroad.arcadia.edu/abroad/forms](http://studyabroad.arcadia.edu/abroad/forms).

### Preliminary Application Requirements:

- Application Form: Please type or print clearly using black or blue ink.
- Non-Refundable \$50 Application Fee: Please send a check or money order payable to Arcadia University. There is no fee is for applications submitted online at <http://studyabroad.arcadia.edu/apply>.

### Additional Application Requirements:

Applicants will be required to submit additional forms using the Arcadia Passport online application portal- <http://passport.arcadia.edu>. These may include: Study Abroad Advisors Form, College Transcript, Student Photo, Passport Copy, Inventory of Goals Form. Additional materials may be required depending on program.

### Program Choices:

A complete listing of programs choices is available at <http://studyabroad.arcadia.edu>. Select up to three programs. Please list program choices in order of preference. Applications will only be considered for first program choice, until an application is not accepted or applicant decides to alter preference.

### Application Questions:

If you have any questions, please contact Arcadia University at [auabroad@arcadia.edu](mailto:auabroad@arcadia.edu) or at 866.927.2234.



# Application for Study Abroad

## 1. Personal Information

Name (please print) \_\_\_\_\_  
first middle last

Preferred Nickname \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

I am  Male  Female

Country of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Issue \_\_\_\_\_

Country of Secondary Citizenship \_\_\_\_\_

Expiration Date \_\_\_\_\_

## 2. Permanent Address

Please provide a full street address. We cannot deliver to PO and RR boxes.

Permanent Address \_\_\_\_\_  
street apt.

city or town

state

zip code

country

Permanent Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Secondary E-mail Address \_\_\_\_\_

## 3. Emergency Contact Information

One emergency contact is required for all applicants.

Emergency Contact #1 \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Relationship to You \_\_\_\_\_

Relationship to You \_\_\_\_\_

Address \_\_\_\_\_  
street

Address \_\_\_\_\_  
street

city or town

city or town

state zip code country

state zip code country

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Mobile Phone Number (\_\_\_\_\_) \_\_\_\_\_

Mobile Phone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Do not contact.



## Application for Study Abroad

Name (please print) \_\_\_\_\_  
first middle last

Current Institution \_\_\_\_\_ E-mail Address \_\_\_\_\_

### 4. Program Choices: (Most up to date program list is available at <http://studyabroad.arcadia.edu>.)

*Please list your top three program choices in order of preference. Note: your application is submitted to only one program at a time.*

**Study Period Codes:**

AY Academic Year      FA Fall      SP Spring      SU Summer Program      AYSH Academic Year Southern Hemisphere      JAN January Term

Program Choice #1 \_\_\_\_\_ Term \_\_\_\_\_ 20\_\_\_\_\_

Program Choice #2 \_\_\_\_\_ Term \_\_\_\_\_ 20\_\_\_\_\_

Program Choice #3 \_\_\_\_\_ Term \_\_\_\_\_ 20\_\_\_\_\_

### 5. Academic Information

Current Institution \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ on a 4.0 scale.

Major \_\_\_\_\_ Minor \_\_\_\_\_

Check your current class:    Freshman    Sophomore    Junior    Senior   I will graduate in (month/year) \_\_\_\_\_

For internal office use: SOURCE CODE F1011

### 6. Demographics Information

*The following items are optional and are used for anonymous statistical and reporting purposes only. Your answers will not affect your eligibility or acceptance.*

How would you describe yourself?

- Native American or Alaskan Native
- Asian or Pacific Islander (including Indian subcontinent)
- Black, African American (non-Latino)
- Latino (including Puerto Rican)
- White (non-Latino)
- Other (please specify) \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

How did you first learn about the College of Global Studies programs?  
Check up to two choices.

- Advertisement
- Faculty
- Fair
- Study Abroad Advisor/Office
- Brochure
- Campus Visit
- Student
- Poster
- Website



## Application for Study Abroad

Name (please print) \_\_\_\_\_  
first
middle
last

Current Institution \_\_\_\_\_ E-mail Address \_\_\_\_\_

Arcadia University is committed to assuring equal opportunity to all persons and does not discriminate on the basis of ethnicity, national origin, ancestry, race, color, religion, creed, sex, marital status, affectional or sexual orientation, age, or disability in its educational programs, activities, admissions, or employment practices as required by Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable statutes. Inquiries concerning Title IX, Section 504 and ADA compliance and information regarding accessibility should be directed to the Affirmative Action Officer, Arcadia University, 450 S. Easton Road, Glenside, PA 19038-3295; phone: 215-572-2947.

### 7. Special Needs Information

**Please complete this section. This information will be kept confidential. Indicating your special needs allows us to make arrangements that will best serve you. It does not affect your eligibility for admission. If you answer "yes" to any of these questions, please attach a separate page describing the condition and the treatment you receive.**

Are you currently under medical treatment for any reason?  Yes  No

Are you currently under the care of a professional for a psychological or emotional condition?  Yes  No

Do you have allergies or dietary restrictions, or physical or learning disabilities about which we should be aware?  Yes  No

Do you have physical or learning disabilities about which we should be aware?  Yes  No

### 8. Verification

**Please complete all requirements in this section.**

I hereby...

Certify that the information contained in this application and all supporting documentation is true and complete to the best of my knowledge.

I hereby...

Authorize The College of Global Studies at Arcadia University to release my home college/university academic records and supporting application requirements to its partner programs as part the admission and review process.

Arcadia University reserves the right to contact persons on this form with billing and financial information.

I Agree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



ARCADIA UNIVERSITY  
THE COLLEGE OF GLOBAL STUDIES

450 South Easton Road  
Glenside, PA 19038-3295  
Toll-Free: 1-866-927-2234  
Fax: 215-572-2174  
E-mail: [auabroad@arcadia.edu](mailto:auabroad@arcadia.edu)

### Student Section

Completing this section authorizes the release of financial information to Arcadia University for the purpose of evaluating this application.

_____ <i>Student Last Name</i>	_____ <i>First Name</i>	_____ <i>M.</i>
_____ <i>Arcadia Program</i>	Study Period: <input type="checkbox"/> Acad. Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> J-Term	_____ <i>Year</i>
_____ <i>E-mail Address</i>		
_____ <i>Student's Signature</i>	_____ <i>Date</i>	

### Financial Aid Administrator Section

To be completed by your home school financial aid office before submitting this application to Arcadia University. Completing this section verifies that the information provided is accurate as of the endorsement date. Arcadia University's study abroad fees are available at: [studyabroad.arcadia.edu](http://studyabroad.arcadia.edu)

_____ <i>Administrator Last Name</i>	_____ <i>First Name</i>
_____ <i>Title</i>	_____ <i>Institution</i>
_____ <i>E-mail Address</i>	_____ <i>Phone</i>
_____ <i>Administrator's Signature</i>	_____ <i>Date</i>

Student's Expected Family Contribution (EFC) from FAFSA*: (*based on FAFSA 9-month academic year, regardless of study abroad period)	20____ / 20____ <i>Academic Year</i>	\$ _____ <i>Amount</i>
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<b>Financial Aid Report <i>for Study Abroad Period</i></b>	<b>Estimate?</b>	<b>Transfers to Study Abroad?</b>	<b>Amount</b>
<b>Grants:</b> Federal PELL	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal SEOG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
State	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
College Merit	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
College Need-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<b>TOTAL GRANTS:</b>			\$ _____
<b>Loans:</b> Federal Subsidized Stafford	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal Unsubsidized Stafford	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal Perkins	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal PLUS	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<b>TOTAL LOANS:</b>			\$ _____
<b>TOTAL AID:</b>			\$ _____

For more information about this scholarship program, please go to: [studyabroad.arcadia.edu/scholarships](http://studyabroad.arcadia.edu/scholarships)

When both sections are complete this form should be faxed to (215) 572-2174



**ARCADIA UNIVERSITY**  
THE COLLEGE OF GLOBAL STUDIES

450 South Easton Road  
Glenside, PA 19038-3295  
Toll-Free: 1-866-927-2234  
Fax: 215-572-2174  
E-mail: auabroad@arcadia.edu

## Study Abroad Advisor's Form

Please fill out the Student Information and Program Choices section and then submit it to your dean, study abroad advisor or other home campus official responsible for approving study abroad.

### Student Information

Current Institution \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

first

middle

last

(please print your name on the reverse side)

Current Address \_\_\_\_\_

street

city or town

state

zip code

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

I hereby authorize information needed to complete this form to be released to the official responsible for approving my program of study abroad. I hereby (check one)  waive  do not waive my rights of access to this information.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Program Choices:

Please list your top three program choices in order of preference. Note: your application is submitted to only one program at a time.

#### Study Period Codes:

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Program Choice #1 \_\_\_\_\_ Term \_\_\_\_\_ 20\_\_\_\_\_

Program Choice #2 \_\_\_\_\_ Term \_\_\_\_\_ 20\_\_\_\_\_

Program Choice #3 \_\_\_\_\_ Term \_\_\_\_\_ 20\_\_\_\_\_

Complete the transcript release information below. At the end of the program, Arcadia University The College of Global Studies will send one official copy of your program transcript to your home college. Please list the address of the office to which the transcript should be sent. This information will be verified by Arcadia University.

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Office \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

street

city or town

state

zip code

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_



## Study Abroad Advisor's Form

Please send this information to the Arcadia University, The College of Global Studies, 450 S. Easton Road, Glenside, PA 19038-3295.

**To the Home College Official Responsible for Approving this Student's Program of Study Abroad:**

**The study abroad application for the student named below will not be complete until we receive this form indicating institutional approval of this applicant's foreign plans and your comments, if any, about the applicant.** Because all applications are handled on a rolling admissions basis, your prompt response will be appreciated. Feel free to attach a separate sheet on your letterhead if necessary. Please check the name and address on the reverse side to be sure that it indicates the correct place to send the final official transcript for credit transfer. If it is not correct, please supply the proper information.

Student Name \_\_\_\_\_

Is this student in good academic standing?  Yes  I do not have access to this information  No If no, please explain.

What is your general estimate of this student as a candidate for study abroad?

Has this student secured the necessary approval from your institution to study abroad?  Yes  Approval not necessary  No If no, please explain.

Will the credits earned by this student in an Arcadia University The College of Global Studies program abroad be accepted toward this student's degree program at your institution?

- Yes, transfer credit is guaranteed.
- Yes, but final approval cannot be granted until after the student completes the program.
- Yes, but subject to the conditions listed.
- No, for the reasons listed.

Does this student have a disciplinary record with the institution?

- No
- Yes, and an official document or copy stating the details is enclosed
- I do not have access to that information

Do you recommend this student?  Yes  Yes, with reservations (attach explanation of reservations)  No

*If you have any additional comments, you may attach a separate sheet of letterhead. Thank you.*

Dr/Mr/Mrs/Ms \_\_\_\_\_ Position \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_  
street city or town state zip code

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Recommendation Form

Please fill out the Student Information and Program Choice section and then submit this form for completion by a faculty referee who is familiar with your performance in the classroom.

### Student Information

Current Institution \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (please print) \_\_\_\_\_  
first middle last

Current Address \_\_\_\_\_  
street city or town state zip code

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Program Choices (Make your program choices from the attached list.)

**Study Period Codes:**

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Please list your top three program choices in order of preference. Note: your application is submitted to only one program at a time.

Program Choice #1 \_\_\_\_\_ Term \_\_\_\_\_ 20 \_\_\_\_\_

Program Choice #2 \_\_\_\_\_ Term \_\_\_\_\_ 20 \_\_\_\_\_

Program Choice #3 \_\_\_\_\_ Term \_\_\_\_\_ 20 \_\_\_\_\_

I hereby authorize this form to be completed and sent to The College of Global Studies at Arcadia University. I hereby (check one)  waive  do not waive my rights of access to this information.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Academic Reference

To the faculty referee:

The student named above is applying for Arcadia University The College of Global Studies program(s) noted above. **The student's application will not be complete until we receive this form.** Because admissions are handled on a rolling basis, your prompt response will be appreciated. Please send the completed form to the address as it appears above. On a separate sheet of your institution's letterhead, please write an assessment of the applicant which answers the following questions:

1. In what capacity and for what length of time have you known the applicant?
2. What courses did the applicant take with you?
3. Discuss the quality of academic work prepared by the applicant.
4. Comment upon the applicant's overall familiarity with the subject matter of the courses in which you taught him/her.
5. How would you rate this applicant's intellectual motivation?
6. Comment on the applicant's suitability for study abroad in terms of: (a) personal factors: stability, independence of mind, creative ability; (b) motivation.
7. List any special considerations of which we should be aware.

Dr/Mr/Ms \_\_\_\_\_ Position \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_  
street city or town state zip code

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date