

# Application for Study Abroad

**Deadline:** see program deadlines on page 2.  
This is the first part of the application process.

**PLEASE NOTE THAT YOU MUST HAVE SOPHOMORE STANDING (26 CREDITS) AT THE TIME OF THIS APPLICATION. Please do not submit this application until you have filled in all the blanks!**

## Personal Information

Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Bengal Card #: \_\_\_\_\_

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

Number and Street

City

State

Zip Code

Area Code

telephone #

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

Number and Street

City

State

Zip Code

Area Code

telephone #

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_.

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Emergency Contact (person Idaho State University may release information to during your absence)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will you be traveling on a U.S. passport? Yes  No  If not, from what country? \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Children/Spouse (names/ages/citizenship) who will accompany you on the program: \_\_\_\_\_

Have you ever lived, traveled or studied in another country? Yes  No

If yes, please describe: \_\_\_\_\_

Does your health insurance cover you while overseas? Yes  No

Name of insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

(ISU insurance has limited coverage. - You should consider additional insurance.)

## Medical Information

This information will be kept confidential. If you answer *yes* to any of the questions below, please attach a separate page describing the condition and the treatment you receive.

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

Are you currently being treated by a psychologist or physician for emotional, nervous, or mental disorder? Yes  No

Do you have any allergies, dietary restrictions or physical disabilities? Yes  No

Attach recent photo here or copy of passport photo

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## University Information

Will you be applying for Financial Aid? Yes  No  If yes, make an appointment to see James Martin in the Financial Aid Office.

Major Field of Study: \_\_\_\_\_ Minor: \_\_\_\_\_

Current Classification: Freshman  Sophomore  Junior  Senior  Grad  Other: \_\_\_\_\_

Explain

Classification at Beginning of proposed Study Abroad program:

Freshman  Sophomore  Junior  Senior  Grad  Other: \_\_\_\_\_

Explain

Cumulative GPA (A=4.0) in ALL college courses: \_\_\_\_\_

### Foreign Languages Studied

French  Spanish  German  Arabic  Japanese  Chinese  Russian  Other: \_\_\_\_\_

Explain

Current level and college years of study of program-specific language: \_\_\_\_\_

Anticipated level prior to departure: \_\_\_\_\_

GPA in foreign language courses (specific to program): \_\_\_\_\_

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## Program I am applying for:

## ISU *Priority* Application Deadline

### ISU Partner Programs (no additional program fee; ISU tuition and fees only)

____ Universitat de Valencia, Spain	Spring: Sept. 15	Fall: Feb. 15
____ Universitat Politècnica de València, Spain	Spring: Sept. 15	Fall: Feb. 15
____ Umeå Universitet, Sweden	Spring: Sept. 15	Fall: Feb. 15
____ Karlstad University, Karlstad, Sweden	Spring: Sept. 15	Fall: Feb. 15
____ Al Akhawayn University, Ifrane, Morocco	Spring: Sept. 15	Fall: Feb. 15
____ Kansai Gaidai University, Osaka, Japan	Spring: Sept. 15	Fall: Feb. 1
____ Ibaraki University, Ibaraki Prefecture, Japan	Spring: Sept. 15	Fall: Feb. 15
____ Shanxi University, Taiyuan, China	Spring: Sept. 15	Fall: Feb. 15
____ Business College of Shanxi University, Taiyuan, China	Spring: Sept. 15	Fall: Feb. 15
____ Shanxi Agricultural University, Taiyuan, China	Spring: Sept. 15	Fall: Feb. 15
____ Shanxi Medical University, Taiyuan, China	Spring: Sept. 15	Fall: Feb. 15
____ Taiyuan University of Technology, Taiyuan, China	Spring: Sept. 15	Fall: Feb. 15
____ University of Hyderabad, India	Spring: Sept. 15	Fall: Feb. 15
____ Malaviya National Institute of Technology, Hyderabad, India	Spring: Sept. 15	Fall: Feb. 15
____ Siva Sivani Institute of Management, Hyderabad, India	Spring: Sept. 15	Fall: Feb. 15
____ Stella Maris Polytechnic, Monrovia, Liberia	Spring: Sept. 15	Fall: Feb. 15
____ Universidad ORT, Montevideo, Uruguay	Spring: Sept. 15	Fall: Feb. 15
____ Universität Paderborn, Paderborn, Germany	Spring: Sept. 15	Fall: Feb. 15
____ Plymouth University, Exmouth, Devon, England	Spring: Sept. 15	Fall: Feb. 15
____ ITESO, Guadalajara, Mexico	Spring: Sept. 15	Fall: Feb. 15
____ Autonomous University of Ciudad Juarez, Juarez, Mexico	Spring: Sept. 15	Fall: Feb. 15
____ Université de Bourgogne, Auxerre, France	Spring: Sept. 15	Fall: Feb. 15

**Non-ISU Programs (usually Require Additional Fees!)**

\_\_\_\_ Other non-ISU program: \_\_\_\_\_  
Explain in detail the name of program provider, program location, and duration

**Duration: (mark all that apply)**

Academic year (for students attending a full academic year) 20\_\_ - 20\_\_  
Fall semester 20\_\_ Summer session 20\_\_ Spring semester 20\_\_

Along with this application, you must include an  official transcript and a  statement of purpose outlining your goals and objectives for study abroad. Students who do not apply to an ISEP program must submit two academic references using the forms provided. Students who apply to an ISEP program will provide letters of recommendation with their ISEP application.

*I certify that I am currently a sophomore in good standing at ISU and that all statements made on this study abroad application in its entirety are true and accurate.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Idaho State University Office of International Programs

**Study Abroad Release of Information**

The collection, retention and dissemination of your records and information about you is subject to federal regulation under the Family Education Rights and Privacy act of 1974. Therefore, it is necessary for the ISU Office of International Programs to obtain your permission to release information collected on the application, in your letters of recommendation and in your transcripts. We need your agreement to the following:

1. I hereby release information contained in my applications for admission and for study abroad, letters of recommendation, and transcripts to ISU Office of International Programs for review and approval of my Study Abroad Application.
2. I hereby release information contained in my application, letters of recommendation, and transcripts to the overseas school where I wish to be placed.

INDEBTEDNESS TO THE HOST INSTITUTION OR TO  
IDAHO STATE UNIVERSITY

Failure to make full payment of all required fees or to resolve other debts to the Host Institution or Idaho State University (such as overdue books, unpaid parking tickets, or obligations to the Host Institution or ISU) may result in the cancellation of pre-registration for the following semester, denial of registration until payment is made, and/or disenrollment at ISU or the Host Institution. A student must fulfill all financial obligations to ISU before receiving grade reports, transcripts, or a diploma from Idaho State University.

RELEASE FOR OFF CAMPUS STUDY

Idaho State University assists its students in making off-campus study arrangements only as a service to its students. It is acting solely as an agent for its students and, therefore, does not make any warranties of any kind expresses or implied regarding any off-campus program in which a student may participate. The University assumes no responsibility and disclaims any liability or damages or injury suffered by any student by reason of the negligent or wrongful acts or failures to act of any reason or institution with whom the University may make arrangements for any off-campus study program. The term Idaho State University as used above includes the following: Division of Student Affairs, The Office of International Programs and any staff therein.

I have read the above paragraphs, I understand them completely, and by signing below, I acknowledge my agreement to be bound by their terms as a condition of my participation in any off campus programs sanctioned by the University.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's name printed*

\_\_\_\_\_  
*Bengal Card Number*