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 www.arcadia.edu/abroad/forms.

General Application Requirements: (Check off each as completed.)

- Application Form: Please type or print clearly using black or blue ink.
- Inventory of Goals and Expectations (see page 6).
- Non-Refundable $50 Application Fee: You may send a check or money order payable to Arcadia University, or pay online at www.arcadia.edu/abroad/pay. For online applications, this fee is waived. You may apply online at http://www.arcadia.edu/abroad/apply.
- 8 full-face, passport size: 1.5”x2” photos. Please print your name and home school on the back of each photo. We cannot be responsible for photos without names on them. The photos are used for identification only and not for admissions purposes. Some programs require additional photos. Please see http://www.arcadia.edu/abroad/photos for more information.
- College Transcript: This must be official and show credits and grades for all courses taken to date. Transfer students must submit official transcripts from each institution attended. All summer school work should be similarly documented.
- Study Abroad Advisor’s Form (A Form): Indicate your program choices and the study period, and sign this form before you submit it to your dean, study abroad advisor or other home campus official responsible for approving study abroad.
- Recommendation Form (R Form): Indicate your program choices and study period, and sign this form before you submit it for completion by a faculty referee who is familiar with your performance in the classroom.
- Preliminary Course Form: Course forms for each program are available at www.arcadia.edu/abroad/forms.

Requirements for Specific Programs:

- All Internship programs (Australia, England, Ireland, Scotland), require the following documents in addition to the general application...
  - A current résumé (including computer/software skills), a one-page, written statement detailing your reasons for pursuing a specific internship and the skills and experiences that you have obtained which make you a good candidate, and an additional personal reference (forms can be downloaded at http://www.arcadia.edu/abroad/forms).
  - Note: If you are pursuing an internship in the fields of fine art, architecture, graphic design, journalism, or interior design, you must submit a nonreturnable portfolio of your work.
- Math, science and engineering placements: If you are applying to study math, science or engineering at a British or Irish university, you must submit copies of your home institution course descriptions for all relevant background work in math, science and/or engineering.
- Studio art programs: If you are applying for studio art courses, you will need to submit a non-returnable portfolio of 12-15 color slides or a CD of recent work. Spain and Italy students in lower division studio art classes do not need to submit a portfolio.
- University of Cambridge: Spring/year: Submit two samples of graded academic writing in your major subject. Summer: One sample.
- Oxford University: Please submit clean, unmarked copies of two graded academic writing samples in your major subject with your application.
- University of York: Applicants to the English Department must submit a sample of recent written work (at least 1500 words) on a literary topic.

Applicants to the institutions listed below are required to submit a second academic reference.

Please photocopy the “R Form” or you may have your reference send us a letter on the letterhead of his/her institution.

- University of Aberdeen (all study periods): Both references should be within your intended area of study.
- King's College (all study periods): Both references should be within your intended area of study.
- Literature in Scotland Summer Programs: At least one reference should be from an English faculty member.
- London School of Economics: Both references should be within your intended area of study.
- Oxford University: Both references should be within your intended area of study.
- University of Cambridge: Both references should be within your intended area of study.
- Royal Holloway (all study periods): Both references should be within your intended area of study.
- School of Oriental & African Studies (academic year): Both references should be within your intended area of study.
- University College London (all study periods): Both references should be within your intended area of study.
- University of St. Andrews (all study periods)
Program Choice List

Select up to three programs from the list below. It is especially important that you list your program preferences on the Recommendation Form, Study Abroad Advisor's Form, and on the first page of the application. Write the program names in your order of preference and their study period codes where required throughout the application. In most cases, your completed application will be submitted to only one program at a time. If your application is not accepted by your first choice program, we will ask for your permission to submit it to your second and/or third choices.

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Program Choice List

Select up to three programs from the list below. It is especially important that you list your program preferences on the Recommendation Form, Study Abroad Advisor’s Form, and on the first page of the application. Write the program names in your order of preference and their study period codes where required throughout the application. In most cases, your completed application will be submitted to only one program at a time. If your application is not accepted by your first choice program, we will ask for your permission to submit it to your second and/or third choice.

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### Study Period Codes:
- AY: Academic Year
- FS: Fall Semester
- ST: Spring Term
- SU: Summer Program
- PS: Pre-session
- FT: Fall Term
- STT: Two Spring Terms
- SS: Summer Semester
- JAN: January Term

### Study Period

#### STUDY IN ITALY, continued:
- Italian Language and Culture in Lecce – session III: SU
- Italian Language and Culture in Lecce – session I and II: SU
- Italian Language and Culture in Lecce – session II and III: SU
- Italian Language and Culture in Perugia: SU
- Digging Abroad: Field School in Archaeology: SU
- Mediterranean Myths and Monuments: The Classical World Today: SU
- La Famiglia: Small Family Business Development in Sicily: SU
- Marine Preservation: Conservation of Marine Biodiversity in the Mediterranean Sea: SU

#### STUDY IN MEXICO:
- International Civic Engagement: SU

#### STUDY IN NEW ZEALAND:
- Lincoln University: AY FS SS
- University of Auckland: AY FS SS
- University of Canterbury: AY FS SS
- University of Otago: AY FS SS
- Victoria University of Wellington: AY FS SS
- Australia & New Zealand: Environmental Studies: Ethics, Culture and Sustainability: SU

#### STUDY IN SOUTH AFRICA:
- University of Cape Town: AY FS SS
- University of Stellenbosch: AY FS SS
- University of the Western Cape: AY FS
- Community Development Program in Cape Town: SU
- Stellenbosch University – Nation-building and Development: Challenges for South Africa: SU

#### STUDY IN SOUTHEAST ASIA:
- Sustainable Development in Emerging Southeast Asia: SU

#### STUDY IN SPAIN:
- Arcadia in Barcelona: AY FS SS
- Fundación José Ortega y Gasset: AY FS SS
- Arcadia in Granada: AY FS SS
- Arcadia in Barcelona Summer: SU
- Summer in Granada – session I: SU
- Summer in Granada – session II: SU
- Summer in Granada – session I and II: SU
- Arcadia in Malorca Summer: SU
- Summer in Toledo: SU
- Summer Internship Program in Toledo: SU

#### STUDY IN TANZANIA:
- Arcadia in Tanzania: FS SS
- Capacity Building and Human Rights in East Africa: SU
- Anthropology in Context: JAN

#### STUDY IN TURKEY:
- Arcadia in Istanbul: FS SS

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.
Application for Study Abroad

1. Personal Information

Name (please print) ____________________________________________________________________________

first middle last

Preferred Nickname ____________________________________________________________________________

Date of Birth (month/day/year) ____________________________

I am q male q female

Country of Birth __________________________________________

Place of Birth (city, state) __________________________________________

Country of Citizenship __________________________________________

Passport Number __________________________________________

Country of Issue __________________________________________

Expiration Date __________________________________________

2. Address Information

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

Home Address _________________________________________________________________________________

street ________________________________________________________________________________________

__________ city or town ______ state __________ zip code

Permanent Home Phone (_____) ____________ E-mail Address __________________________________________________________________________________________

If you want us to contact you on your cellular phone, please provide the number here (_____) __________________________

My campus address this semester is valid from ________ to ________

The address below is an q on campus q off campus address.

Personal Campus Mailing Address ______________________________________________________________________

street ________________________________________________________________________________________

city or town ____________________________________________

state __________ zip code

Personal Campus Phone/Cell Phone: (_____)________________________

Institution winter break from (month/day) ________ to ________

Institution spring break from (month/day) ________ to ________

Your Summer Address _____________________________________________________________________________

street ________________________________________________________________________________________

city or town ____________________________________________

state __________ zip code

Phone (_____) ____________________________

Summer Vacation Starts (month/day) __________________________

This address is valid from (month/day) ________ to ________
Application for Study Abroad

Name (please print) _____________________________________________________________

Current Institution ____________________________________________________________

E-mail Address ________________________________________________________________

3. Parent Information
Our normal practice is to share general information with parents listed in this section. If you do not want this to happen, please indicate by checking the box below the address.

Father’s Name _________________________________________________________________
Address ________________________________________________________________
street 

city or town 

state 

Home Phone Number (_____)

Work Phone Number (_____)

E-mail Address ________________________________________________________________

q Do not contact.

Mother’s Name _________________________________________________________________
Address ________________________________________________________________
street 

city or town 

state 

Home Phone Number (_____)

Work Phone Number (_____)

E-mail Address ________________________________________________________________

q Do not contact.

Who should be notified in case of an emergency?  q Father  q Mother  q Other*
Who should receive billing statements?      q Father  q Mother  q Other*

*If you have checked “Other” for either of the previous questions, please complete the following to be used for: q Emergency  q Billing

Name _______________________________________________ Relationship __________________________
Address ____________________________________________ street 

city or town 

state 

zip code 

Home Phone (_____)

Work Phone (_____)

4. Program Choices:  (Make your program choices from the attached list.)
Please list your top three program choices in order of preference.  Note: your application is submitted to only one program at a time.

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| Program Choice #2   |    |               |    |             |    |           |    |                |    |             |     |                 |    |                |     |                |     |             |
| Study Period        |    |               |    |             |    |           |    |                |    |             |     |                 |    |                |     |                |     |             |

| Program Choice #3   |    |               |    |             |    |           |    |                |    |             |     |                 |    |                |     |                |     |             |
| Study Period        |    |               |    |             |    |           |    |                |    |             |     |                 |    |                |     |                |     |             |

10APP11
Application for Study Abroad

Name (please print) ____________________________________________

E-mail Address _____________________________________________

5. Academic Information

Current Institution ____________________________________________

Major _____________________________________________________ Cumulative GPA _________________________ on a 4.0 scale.

Check your current class: qFreshman  qSophomore  qJunior  qSenior  I will graduate in (month/year) ___________________

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?

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

Religious Affiliation _________________________________________

How did you first learn about the College of Global Studies programs?

Check up to two choices.

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

7. Inventory of Goals and Expectations

As part of the application process, we require that you complete an Inventory of Study Abroad Goals and Expectations.

• The online form, available at http://www.arcadia.edu/abroad/forms, consists of 20 quick survey type questions and several short answer questions.

• Prior to beginning the form, take a moment to reflect upon the experience ahead, especially as it relates to the goals that you might have and the challenges that you anticipate encountering.

• There are no right or wrong answers, so please base your responses on your own attitudes, expectations and goals.

8. 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?  q Yes  q No

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

Do you have allergies, dietary restrictions, or physical or learning disabilities of which we should be aware?  q Yes  q No
Recommendation Form

Your application cannot be considered until Arcadia University receives this 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.)

<table>
<thead>
<tr>
<th>Study Period Codes:</th>
<th>AY Academic Year</th>
<th>FS Fall Semester</th>
<th>ST Spring Term</th>
<th>STT Two Spring Terms</th>
<th>SU Summer Program</th>
<th>JAN January Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS Pre-session</td>
<td>FT Fall Term</td>
<td>SS Spring Semester</td>
<td>SUS Summer Semester</td>
<td>JAN January Term</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 _______________________________________   Study Period _______________________________  20__________
Program Choice #2 _______________________________________   Study Period _______________________________  20__________
Program Choice #3 _______________________________________   Study Period _______________________________  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 major 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 all 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
Study Abroad Advisor’s Form

Your application cannot be considered until Arcadia University receives this 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.

<table>
<thead>
<tr>
<th>Study Period Codes:</th>
<th></th>
<th></th>
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<td>Pre-session</td>
<td>Fall Term</td>
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</tbody>
</table>

Program Choice #1 _______________________________________   Study Period _______________________________  20__________
Program Choice #2 _______________________________________   Study Period _______________________________  20__________
Program Choice #3 _______________________________________   Study Period _______________________________  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 registrar’s office at your home institution or another office to which the transcript should be sent. This information must be accurate.

Name ___________________________________________________     Position/Title_____________________________________________
Office____________________________________________________   Institution________________________________________________

Address____________________________________________________________________________________________________________
street                                                                                           city or town                      s t a t e                z i p  c o d e

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 study 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 _____________________________________________

Academic Section

Is this student in good academic standing? , Yes , 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.

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

Disciplinary Section

Does this student have a disciplinary record with the institution? Please check the appropriate box:

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

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

Dr/Mr/Mrs/Ms _____________________________________________ Position___________________________________________

Department_____________________________________________________ Institution___________________________________________

Address________________________________________________________

Phone (_____)_____________________ Fax (_____)_____________________ E-mail Address ____________________________________

Signature_________________________________________________________________________ Date ___________________

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Scholarship Application for Study Abroad
The College of Global Studies

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

Student Last Name

First Name

M.

Study Period:

☐ Acad. Year

☐ Fall Year

☐ Spring

☐ Summer

☐ J-Term

Arcadia Program

E-mail Address

Student’s Signature

Date

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: www.arcadia.edu/abroad/fees

Administrator Last Name

First Name

Title

Institution

E-mail Address

Phone

Administrator’s Signature

Date

Student’s Expected Family Contribution (EFC) from FAFSA*:

20

/ 20

$ 

(*based on FAFSA 9-month academic year, regardless of study abroad period)

Academic Year

Amount

Financial Aid Report for Study Abroad Period

Estimate?

Transfers to Study Abroad?

Amount

Grants: Federal PELL

☐ Yes

☐ Yes

☐ No

$ 

Federal SEOG

☐ Yes

☐ Yes

☐ No

$ 

State

☐ Yes

☐ Yes

☐ No

$ 

College Merit

☐ Yes

☐ Yes

☐ No

$ 

College Need-Based

☐ Yes

☐ Yes

☐ No

$ 

TOTAL GRANTS:

$ 

Loans: Federal Subsidized Stafford

☐ Yes

☐ Yes

☐ No

$ 

Federal Unsubsidized Stafford

☐ Yes

☐ Yes

☐ No

$ 

Federal Perkins

☐ Yes

☐ Yes

☐ No

$ 

Federal PLUS

☐ Yes

☐ Yes

☐ No

$ 

TOTAL LOANS:

$ 

TOTAL AID:

$ 

For more information about this scholarship program, please go to: www.arcadia.edu/abroad/scholarships

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