**Application Directions**

When you complete this application, please mail it to the address as it appears above.

We can not process your application until it is complete and we have received the application fee. Your application will be given final consideration as soon as it is complete. A complete application file must include all of the items listed below. The application can be found on the Alliance’s website at [www.allianceglobaled.org](http://www.allianceglobaled.org).

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

- ☐ Application form: Please type or print clearly using black or blue ink. Be certain to sign and date the second page of the application before submitting it.

- ☐ Statement of Purpose.

- ☐ Chinese essay. All students, except absolute beginners in Chinese, must submit an essay.

- ☐ Non-refundable $50 application fee: Make your check or money order payable to The Alliance for Global Education.

- ☐ 8 photographs: Size: 1.5” x 2” (passport size). Full-face. Please print your name and social security number on the back of each photo. We can not be responsible for photos without names on them. The photos are used for identification only and not for admissions purposes.

- ☐ 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 the 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. (non-foreign language)

- ☐ Language Recommendation form (L Form): Indicate your program choice and the study period and sign this form before you submit it for completion by a faculty referee who is familiar with your performance in the study of foreign language. **The language form is not required if you have not taken any Chinese.**

- ☐ Preliminary Course form: Course forms for each program are available at [www.allianceglobaled.org](http://www.allianceglobaled.org).

**Program Choices:**
Select a program from the list below. It is especially important that you list your program preference on the Recommendation Form, Language Recommendation Form, Study Abroad Advisor’s Form, and on the third page of the application.

<table>
<thead>
<tr>
<th>Study Period Codes</th>
<th>AY</th>
<th>Academic Year</th>
<th>FS</th>
<th>Fall Semester</th>
<th>SS</th>
<th>Spring Semester</th>
<th>SU</th>
<th>Summer Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beijing University of Language and Culture</td>
<td>☐</td>
<td>AY</td>
<td></td>
<td>FS</td>
<td></td>
<td></td>
<td>SS</td>
<td>SU</td>
</tr>
<tr>
<td>Fudan University</td>
<td>☐</td>
<td>AY</td>
<td></td>
<td>FS</td>
<td></td>
<td></td>
<td>SS</td>
<td>SU</td>
</tr>
<tr>
<td>Shanghai University of Finance and Economics</td>
<td>☐</td>
<td>AY</td>
<td></td>
<td>FS</td>
<td></td>
<td></td>
<td>SS</td>
<td>SU</td>
</tr>
</tbody>
</table>
# Application for Study Abroad

## 1. Personal Information

Social Security Number

Name

Preferred Nickname

Date of Birth (month/day/year)_____________________________

I am ☐ male ☐ 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 can not deliver to PO and RR boxes.

**Home Address**

<table>
<thead>
<tr>
<th>street</th>
<th>city or town</th>
<th>state</th>
<th>zip code</th>
</tr>
</thead>
</table>

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 ☐ on ☐ off campus address.

**Personal Campus Mailing Address**

<table>
<thead>
<tr>
<th>street</th>
<th>city or town</th>
<th>state</th>
<th>zip code</th>
</tr>
</thead>
</table>

Personal Campus Phone (_________) __________________________

**Institution Winter Break from (month/day) ____________ to ___________**

**Institution Spring Break from (month/day) ____________ to ___________**

**Your Summer Address**

<table>
<thead>
<tr>
<th>street</th>
<th>city or town</th>
<th>state</th>
<th>zip code</th>
</tr>
</thead>
</table>

Phone (_________) __________________________

Summer Vacation Starts (month/day) ________________________

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

Name_________________________________________  first  middle  last

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 addresses.

Father’s Name_________________________________________  Mother’s Name_________________________________________

Address________________________________________________  street  street

______________________________________________________  ______________________________________________________

city or town  city or town

______________________________________________________  ______________________________________________________

state  state  zip code  zip code

Home Phone Number (_________)____________________________  Home Phone Number (_________)

Work Phone Number (_________)_____________________________  Work Phone Number (_________)

E-mail Address ____________________________________________  E-mail Address ____________________________________________

☐ Do not send parent pack.

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

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

Name_________________________________________  Relationship______________________________________________

Address________________________________________________  street

______________________________________________________  ______________________________________________________

city or town  state  zip code

Phone Home (_________)____________________________________  Work (_________)____________________________________

4. PROGRAM CHOICES

☐ Beijing University of Language and Culture
☐ Fudan University
☐ Shanghai University of Finance and Economics

Study Period__________________  Year__________

Study Period Codes
AY  Academic year
FS  Fall semester
SS  Spring semester
SU  Summer program
Application for Study Abroad

Name ___________________________________________  first  middle  last

E-mail Address ___________________________________________

5. Academic Information

Current Institution ___________________________________________

Major ___________________________________________  Cumulative GPA ________________ on a 4.0 scale.

Check your current class:  ☐ freshman  ☐ sophomore  ☐ junior  ☐ senior  ☐ graduate  I will graduate in (month/year) ______________

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

6. Demographic Information

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 Alliance’s programs?  Check up to two choices.  ☐ Advertisement  ☐ Brochure  ☐ Poster  ☐ Faculty Member  ☐ Study Abroad Advisor/Office  ☐ Campus Visit from Program Rep  ☐ Website  ☐ Study Abroad Fair  ☐ Other Student

7. Statement of Purpose

Please type your statement of purpose on a separate piece of paper. Your essay should be concise, between 500-700 words in length and should answer the following questions.

• Why are you choosing to study abroad in China? Why is this the right choice for you at this time?
• Have you ever studied or traveled abroad? If yes, please describe.
• What subject(s) do you want to study while you are in China and why? How will your studies while abroad coordinate with what you have already done at your home school and what you will do when you go back?
• Describe your experiences with the study of languages other than English.
• Please tell us anything else about yourself and your interests and goals that is relevant to your decision to study abroad.

8. Chinese Essay

All applicants except absolute beginners in Chinese must submit an essay of one page in length. The essay may describe your family, personal interests, your interest in China, or what you would like to accomplish during your time abroad. The essay will be used for preliminary placement in a language class, and applicants will also take a placement test upon arrival in China.

9. 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, dietary restrictions or physical or learning disabilities about which we should be aware?  ☐ Yes  ☐ No
Application for Study Abroad

Name _________________________________________

Current Institution _________________________________________ E-mail Address _________________________________________

9. AGREEMENT AND WAIVER

I certify that the information submitted on this application is correct. I agree to be subject to the published academic, housing, judicial, and financial policies of the Alliance for Global Education including those stated in the brochures and catalogs describing my program, and in all relevant pre-departure and orientation materials.

I am in good academic standing at my home institution and agree to notify The Alliance if my status changes. I authorize The Alliance to release my application and other records to cooperating institution(s) and program officials overseas. I also authorize The Alliance to forward an official copy of my final program transcript to the designated official at my home institution. My signature on this application form affirms my understanding and acceptance of the statements above, as well as the following waiver.

The Alliance for Global Education and its affiliated institutions, in making arrangements for the programs, act only as an agent. Neither The Alliance nor any of its employees nor any other persons, parties, organizations or agencies collaborating with them is or shall be responsible for or liable for injury, loss, damage, deviation, delay or curtailment, however caused, or the consequences thereof which may occur during any of the travel or programs. The Alliance for Global Education reserves the right to cancel, alter or amend any part of any program or to increase fees should circumstances make these actions advisable or necessary.

____________________________________  ______________________________
Student’s Signature Date

The Alliance for Global Education 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, Alliance for Global Education, Suite 300, 2 Bala Plaza, Bala Cynwyd, PA 19004; phone: 1-866-444-6808.
Academic Recommendation Form

Your application cannot be considered until The Alliance 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 ____________________________________________________________

first middle last

Current Address _____________________________________________________

street city or town state zip code

Telephone (_________) ___________________________________________ E-mail Address ___________________________

PROGRAM CHOICES

☐ Beijing University of Language and Culture
☐ Fudan University
☐ Shanghai University of Finance and Economics

Study Period _________________ Year________

I hereby authorize this form to be completed and sent to the Alliance for Global Education. 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 the Alliance for Global Education 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 admissions 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 in China 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 the Alliance 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 ____________________________________________________________

first middle last

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**

☐ Beijing University of Language and Culture

☐ Fudan University

☐ Shanghai University of Finance and Economics

Study Period _________________ Year _______

Complete the transcript release information below. At the end of the program, the Alliance for Global Education will send one official copy of your program transcript to your home institution. 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 state zip code

Study Period Codes

AY Academic year

FS Fall semester

SS Spring semester

SU Summer program

06SAA07
Study Abroad Advisor’s Form

Please send this information to the Alliance for Global Education, Suite 300, 2 Bala Plaza, Bala Cynwyd, PA 19004.

To the Home College Official Responsible for Approving this Student’s Program of Study Abroad
The study abroad application for the student named on the reverse side 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.

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 Alliance for Global Education program abroad and reported on an Arcadia University transcript be accepted towards 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 ______________________

06SAA07
Language Recommendation Form

Your application cannot be considered until The Alliance 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 ______________________________________________________
first middle last

Current Address _____________________________________________
street city or town state zip code

Telephone (______) ____________________________ E-mail Address ____________________________

PROGRAM CHOICES

☐ Beijing University of Language and Culture
☐ Fudan University
☐ Shanghai University of Finance and Economics

Study Period _________________
Year __________

I hereby authorize this form to be completed and sent to the Alliance for Global Education. 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 the Alliance for Global Education 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 admissions 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:

Note: Half of this overseas program is devoted to the study of the Chinese language.

1. In what capacity and for what length of time have you known the applicant?
2. What language course(s) did the applicant take with you?
3. Discuss the quality of academic work prepared by the applicant.
4. Comment upon the applicant’s attitude toward and success with Chinese learning.
5. How would you rate this applicant’s intellectual motivation?
6. Comment on the applicant’s suitability for study in China 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 Period Codes
AY Academic year
FS Fall semester
SS Spring semester
SU Summer program

06LAN07