



Study Abroad Program Application

(for Fall Semester, Spring Semester & Academic Year)

Application Checklist

Applications will not be considered until ALL application parts have been received. Print clearly and legibly using black or blue ink. Check off the boxes below as you complete each part.

- General Information:** Complete the general information pages (1-2) in full.
- Academic Recommendations:** You will need three recommendations from professors who have had direct experience with your academic work. One recommendation from an employer or a person who has known you for several years (i.e., minister, high school teacher) can be substituted for a recommendation from a professor.
- Health Information Forms:** Information provided on these forms has no bearing on acceptance.
 - I. Applicant's Medical History Form*
 - II. Health Information Form*
- Language Evaluation Form:** (Only for students applying to Costa Rica, France, Germany, Italy, Mexico and Spain.)
- Transcript(s):** Provide an official transcript from each university or college that you have received credits.

NOTES:

Application Deadlines

Application deadlines are October 1 for spring semester programs and March 1 for fall semester programs.

Address and Contact Changes

Please inform the IIS of changes to your permanent or local address and telephone numbers.

E-Mail Address

The IIS will use your LHU e-mail address to convey important information before, during and after your semester abroad. If you do not use your LHU e-mail on a regular basis, begin getting into the habit of doing so now. It is possible to forward your LHU e-mail to a personal account. See a computer lab attendant for instructions on how to do this.

Pre-Departure Orientation

All students accepted into a LHU sponsored study abroad program are required to attend all pre-departure meetings and are responsible for the information covered in these meetings.



Study Abroad Program Application

General Information

FOR OFFICE USE ONLY

Principal _____
 Alternate _____
 Conditional _____
 Not recommended _____

1st COUNTRY/PROGRAM CHOICE _____ 2nd CHOICE _____
 (Lock Haven University will make every effort to accommodate your first program choice; however, we ask that you provide us with a second choice so that we can better work with you if your first choice is not available.)

GENERAL INFORMATION

1. Applicant's name _____
 (please print or type) last first M.I.
2. GENDER: Male [] Female []
3. Period of study for which you are applying. FALL 20___ SPRING 20___ ACADEMIC YEAR 20___/20___
4. Social Security Number _____ Student ID _____
5. Birth Date_month _____ day _____ year _____
6. Visa held if not a U.S. Citizen _____ 6b. Country of Citizenship _____
7. Local Address: Street _____ Tel#(____) _____ Cell#(____) _____
 City _____ State _____ Zip _____
8. E-mail Address _____
9. Permanent Address: Street _____ Tel#(____) _____ Cell#(____) _____
 City _____ State _____ Zip _____
10. NAME and RELATIONSHIP OF EMERGENCY CONTACT: (If under 21, name and address of a PARENT or GUARDIAN is required).
 Name _____ Relationship _____
 Street _____ Phone #_(____) _____
 City _____ State _____ Zip _____

ACADEMIC BACKGROUND

12. Major or Prospective Major _____ Minor _____
13. Specialty within major field, e.g. piano, sculpture, Russian history, etc: _____
14. Cumulative Grade Point Average: _____
15. Circle your educational level: Freshman Sophomore Junior Senior Graduate
16. Academic Advisor's Name (Print) _____
17. High School and Colleges/Universities you have attended:

NAME	FROM	TO	DEGREES

Study Abroad Program Application

18. Language courses you will have completed prior to the beginning of the program that you are applying:

TITLE	CREDITS	GRADES	HS or COLLEGE

19. Why do you wish to participate in this program?

20. How will you finance your participation in the study abroad program?

21. Do you have any special needs that the IIS office or the site of your exchange should be informed including, but not limited to reasonable accommodations for a disability? If you have a disability and require accommodations you must be registered through the Office for Disability Services at Lock Haven University. This information is **confidential** and should be written on a separate sheet of paper and sealed in an envelope to be attached to your application. Please write **confidential to be opened by the director** on the envelope.

Please return this form directly to:

**Institute for International Studies
Akeley Hall 126 - 131
Lock Haven University
Lock Haven, PA 17745**



Recommendation Form for Study Abroad

Applicant's Name _____
 (please type or print) last first M.I.

Study Abroad Program _____

Semester /Year of participation: FALL 20__ __ SPRING 20__ __ ACADEMIC YEAR 20__ __/20__ __

Check ONE of the following statements and then sign below:

- I hereby forgo any claim to access this letter of reference written on behalf of my application to the Lock Haven University study abroad program.
- I do **NOT** wish to forgo any claim to access this letter of reference written on behalf of my application to the Lock Haven University study abroad program.

Signature of Participant _____ Date _____

1. In what capacity and how long have you known the applicant?

2. **Academic attributes:**

	Excellent	Good	Fair	Poor	Unknown
Competence in major or specialization					
Academic interest and motivation					
Capacity for independent study					
Resourcefulness					
Reliability					
Integrity					

3. **Non - Academic attributes:**

	Excellent	Good	Fair	Poor	Unknown
Level of maturity					
Self-confidence and self-esteem					
Emotional stability					
Open-mindedness					
Ability to adapt to new or unstructured circumstances					

4. Please state frankly (**on the reverse side or attach an additional sheet**) your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program, weighing both strong and weak points.

Evaluator's Name (print) _____ Department _____

Institution _____ Signature _____ Date _____

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Study Abroad Program Application

I. APPLICANT'S MEDICAL HISTORY REPORT Lock Haven University of Pennsylvania

(Confidential)

This form is to be completed by you and your physician.

Program: _____ FALL 20__ __ SPRING 20__ __ ACADEMIC YEAR 20__ __ 20__ __

Name _____ Birth Date ____ / ____ / ____

Insurance Data: No. _____ Insurance Carrier _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Past Medical History: Have you had?

Measles.....No	Yes	Venereal Disease.....No	Yes	Strokes.....No	Yes
Mumps.....No	Yes	Concussion or Head Injuries.....No	Yes	Tuberculosis.....No	Yes
Chickenpox.....No	Yes	Rheumatic Fever or Heart Disease.....No	Yes	Broken bones.....No	Yes
Epilepsy.....No	Yes	Have you had any serious illness.....No	Yes	Cancer.....No	Yes
Diabetes.....No	Yes	If yes, what?_____			

Have you ever been hospitalized, had surgery, or been under extended medical care? No Yes If yes, for what reason?

Systemic Review: Do you have any of the following?

Eyes-Ears-Nose-Throat:

Eye disease or injury.....No Yes
 Do you wear glasses.....No Yes
 Double vision.....No Yes
 Headaches.....No Yes
 Glaucoma.....No Yes
 Nosebleeds.....No Yes
 Chronic sinus trouble.....No Yes
 Ear disease.....No Yes
 Impaired hearing.....No Yes
 Do you wear hearing aids.....No Yes
 Dizziness.....No Yes
 Episodes of unconsciousness.....No Yes

Skin:

Skin disease, hives, eczema.....No Yes
 Jaundice.....No Yes
 Frequent infection or boils.....No Yes
 Abnormal pigmentation.....No Yes

Neck:

Stiffness.....No Yes
 Thyroid trouble.....No Yes
 Enlarged glands.....No Yes

Respiratory:

Spitting up blood.....No Yes
 Chronic or frequent cough.....No Yes

Have you been in good general health most of your life? No Yes If not, please explain _____

Allergies and Sensitivities: Is there a history of skin reaction or other reaction or sickness following injections or oral administrative of:

Penicillin or other antibiotics.....No	Yes	Novocain or other anesthetics.....No	Yes
Morphine, Codeine, Demerol, other narcotics.....No	Yes	Sulfa drugs.....No	Yes
Aspirin or other pain remedies.....No	Yes	Adhesive tape.....No	Yes
Tetanus antitoxin or other serums.....No	Yes	Iodine.....No	Yes
Any foods, such as egg, milk or chocolate.....No	Yes	Any other drug or medication.....No	Yes

List:

List:

Any other allergies? No Yes If yes, please list _____

Neuro-psychiatric:

Have you ever had psychiatric care? No Yes Please explain if yes _____

Have you been advised to see a psychiatrist? No Yes Please explain if yes _____

Have you ever had fainting spells? No Yes Please explain if yes _____

Immunizations:

a. TETANUS (within last 10 years) DATE: _____

b. POLIO (IPV or OPV) series of three (3) and boosters DATE: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

c. Were you BORN BEFORE 1956? YES/NO If YES, you are required to show immunity to Measles, Mumps and Rubella by Blood Test (TITERS). If NO, complete dates of MMR.

MMR Immunization DATES, You must have 2	OR	RESULT OF TITERS
1. _____ 2. _____		Measles _____
MEASLES, MUMPS & RUBELLA)		Mumps _____
		Rubella _____

d. Date of MENINGITIS Vaccination _____

e. Chicken Pox: Date of Immunization _____ OR Date you had Chicken Pox _____

If you have a *disabling physical condition or history of disease such as, Rheumatic Fever, Heart Disease, Tuberculosis, Diabetes or Convulsive Disorder*, please describe the condition and the prescribed treatment below.

I certify that I am a physician legally qualified to practice medicine in the state of _____; and that I have examined the above named applicant; that the above statements are correct; and that I find the applicant is neither mentally nor physically disqualified by reason of tuberculosis or any chronic or acute defect from successful performance as a college student, except as noted above.

(Examining Physician) M.D.

(Address)

(Date of Examination)

(City)

(State)

(Zip)

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Study Abroad Program Application

II. HEALTH INFORMATION

This form is to be completed by the participant.

Applicant's Name _____
(please type or print) last first M.I.

Study Abroad Program _____ Date of Birth _____

Semester /Year of participation: FALL 20__ __ SPRING 20__ __ ACADEMIC YEAR 20__ __/20__ __

The purpose of this form is to help Lock Haven University be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while participating on an overseas program. It is important that the program coordinator is made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if it is pertinent to your well-being. Lock Haven University may not be able to accommodate all individual needs or circumstances. This information will not affect your admission to the program.

MEDICAL HISTORY

Yes ___ No ___ Are you generally in good physical condition?
(If no, please explain.)

Yes ___ No ___ Have you ever been treated or are you currently being treated for
any psychological or emotional problems? (If yes, please
explain.)

Yes ___ No ___ Do you have any allergies? (If yes, please explain.)

Yes ___ No ___ Are you taking any medications? (If yes, please explain.)

Yes ___ No ___ Have you had any major injuries, diseases or ailments in the past
five years? (If yes, please explain.)

Yes ___ No ___ Are you on a restricted diet for medical reasons? (If yes, please
explain.).

Yes ___ No ___ Is there any additional information (concerning medical
conditions or disabilities) that would be helpful for the program
to be aware of during your study abroad experience? (If yes,
please explain.)

I certify that all responses made on this Health Information form are true and accurate
and I will notify Lock Haven University hereafter of any relevant changes in my health
that occur prior to the start of my study abroad program.

Signature of Participant _____ Date _____

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Foreign Language Assessment Study Abroad

(Only for students applying to programs in the following countries:
Costa Rica, France, Germany, Italy, Mexico and Spain)

For the student:

Applicant's Name _____
(please type or print) last first M.I.

Study Abroad Program _____

Semester /Year of participation: FALL 20__ __ SPRING 20__ __ ACADEMIC YEAR 20__ __/20__ __

Check ONE of the following statements and then sign below:

- I hereby forgo any claim to access this assessment written on behalf of my application to the Lock Haven University study abroad program.
- I do **NOT** wish to forgo any claim to access this assessment written on behalf of my application to the Lock Haven University study abroad program.

1. Native Language _____ Language evaluated _____

2. Please explain your language preparation relevant to the country in which you are applying to study.

3. How many semesters have you completed in the target language in high school and university? _____

Signature of Participant _____ Date _____

Section to be Completed by a Language Professional

1. Evaluation is Based on:
2. How long and in what capacity have you known the applicant?
3. Please rate the student's foreign language competency in the following areas.

Language Skills	Unable to Judge	Basic	Intermediate	Advanced
Listening Comprehension				
Speaking Competency				
Reading Comprehension				
Writing Competency				

3. If the student is a native speaker, are you satisfied that he/she can read and write the language at the intermediate level? Yes No N/A (not a native – speaker)
4. Based on your knowledge of the applicant please comment on his/her linguistic ability to participate in and profit from a semester of study abroad.

Assessor's Name _____ Title _____ Telephone _____

Signature _____ Institution _____

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