



Short Term Program Application (for programs of 1 to 3 weeks)

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 as you complete each part.

- General Information:** Complete the general information pages (1-2) in full.
- Health Information Form:** Information provided on this form has no bearing on acceptance.

NOTES:

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 short term program. 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 short term program are required to attend all pre-departure meetings and are responsible for the information covered in these meetings.



Short Term Study Abroad Program Application

FOR OFFICE USE ONLY

Principal _____
Alternate _____
Conditional _____
Not recommended _____

COUNTRY/PROGRAM CHOICE _____
(Lock Haven University will make every effort to accommodate your program choice.)

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. Short Term 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. University 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 _____ Tel#() _____ Cell#() _____
City _____ State _____ Zip _____

ACADEMIC BACKGROUND

12. Major or Prospective Major _____ Minor _____
13. Cumulative Grade Point Average: _____
14. Circle your educational level: Freshman Sophomore Junior Senior Graduate

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

16. How will you finance your participation in this program?

17. 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 of 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**



Short Term Program Application

HEALTH INFORMATION

This form is to be completed by the participant.

Applicant's Name _____

(please type or print)

last

first

M.I.

Short term 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 short term abroad program. Mild physical or psychological disorders can become serious under the stresses of life while participating in an international 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 short term 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 Short Term Program.

Signature of Participant _____ Date _____

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Lock Haven University
Lock Haven, PA 17745