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 (2-3) in full.

☐ Academic Requirements: You must have a minimum GPA of 2.5, and you must be at sophomore status (30 credits) to apply. You need 3 (three) letters of recommendations from professors. Your academic advisor must be one of your references.

☐ Health Information Forms: Information provided on these forms has no bearing on acceptance.

I. Applicant’s Medical History Form
II. Health Information Form
III: Proof of health insurance information

☐ Language Evaluation Form: (Only for students applying to Costa Rica, France, Mexico and Spain.)

☐ Transcript(s): Provide an official transcript from each university or college that you have received credits.

☐ Passport copy: Two copies of your passport photo page must be attached to your application packet. If you do not have a passport, you must expedite your passport application.

☐ ISIC: Purchase the International Student Identity Card (ISIC) through the IIS ($25) after receiving an acceptance letter from the host university.

PLEASE NOTE THE FOLLOWING:

IMPORTANT: DO NOT CONTACT PARTNER INSTITUTIONS UNTIL YOU HAVE BEEN ACCEPTED TO STUDY ABROAD. THE IIS STAFF WILL PROVIDE ACCEPTED STUDENTS WITH CONTACT INFORMATION FOR THEIR HOST UNIVERSITY DURING ORIENTATION. APPLICANTS WHO VIOLATE THIS RULE WILL HAVE THEIR APPLICATION REJECTED.

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

Academic Requirements: GPA of 2.5 or higher (no exceptions) and have reached sophomore status (30 credits). Freshman can petition to study abroad during their second semester, (science and education majors only), but are not eligible to study at some locations.

International Service Fee: All study abroad participants are charged an international service fee of $150 per semester (on student bill).

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

E-Mail Address
The IIS will ONLY use your LHU e-mail address (no gmail, Hotmail, Yahoo, etc.) 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.

Pre-Departure Orientation
All students accepted into a LHU sponsored study abroad program are required to attend pre-departure meetings and are responsible for the information covered in these meetings.
Study Abroad Program Application

General Information

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 ___________________________ last ___________ first ___________ M.I. 
   (please print or type)

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 ________ Place of Birth: ___________________________

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 __________________________关系 __________________________
   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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>FROM</th>
<th>TO</th>
<th>DEGREES</th>
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</table>
18. Language courses you will have completed prior to the beginning of the program that you are applying:

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<thead>
<tr>
<th>TITLE</th>
<th>CREDITS</th>
<th>GRADES</th>
<th>HS or COLLEGE</th>
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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.

I attest that the above information is correct and truthful to the best of my knowledge. By signing this form, I grant permission to the Dean of IIS, the Academic Dean, and the Dean of Student Affairs to review my academic and disciplinary record to determine my eligibility for participation in study abroad.

Student Signature: ___________________________________________ Date ______________________

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:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
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3. Non-academic attributes:

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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 __________

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:

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Institution __________________________ Signature __________________________ Date ______________________

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__ __

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Evaluator’s Name (print) ________________________________ Department ________________________________

Institution ________________________________ Signature ________________________________ Date _________________

Please return this form directly to: Institute for International Studies
Akeley Hall 126 - 131
Lock Haven University
Lock Haven, PA 17745
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 health care professional.

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 administration of:

Penicillin or other antibiotics ...................... No Yes
Morphine, Codeine, Demerol, other narcotics .................................. No Yes
Aspirin or other pain remedies ..................... No Yes
Tetanus antitoxin or other serums ................ No Yes
Any foods, such as egg, milk or chocolate ......................... No Yes

Novocain or other anesthetics ...................... No Yes
Sulfa drugs ...................................... No Yes
Adhesive tape .................................... No Yes
Iodine .............................................. 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:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>Tdap</strong></td>
<td>*one dose Tdap within 10 years</td>
</tr>
<tr>
<td><strong>Meningitis</strong></td>
<td>*one dose Meningitis within 5 years</td>
</tr>
<tr>
<td><strong>MMR</strong></td>
<td>*two doses of MMR</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>*two doses of varicella OR date of disease</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>*three doses of Hep B</td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>*four doses of polio</td>
</tr>
</tbody>
</table>

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 health care professional legally qualified 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 Health Care Professional)  
(Address)  
(Date of Examination)  
(City)  
(State)  
(Zip)

Please return this form directly to:  
Institute for International Studies  
Akeley Hall 126 - 131  
Lock Haven University  
Lock Haven, PA 17745
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 ____________

Please return this form directly to: Institute for International Studies
Akeley Hall 126 - 131
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.

<table>
<thead>
<tr>
<th>Language Skills</th>
<th>Unable to Judge</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
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</thead>
<tbody>
<tr>
<td>Listening Comprehension</td>
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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 ____________________________

Please return this form directly to: Institute for International Studies
Akeley Hall 126 - 131
Lock Haven University
Lock Haven, PA 17745