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.

☐ Proof of Health Insurance Coverage

☐ 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 apply for one as soon as possible.

☐ Two Recommendation Forms: One must be completed by your academic advisor.

☐ ISIC: Purchase the International Student Identity Card (ISIC) through the IIS ($25.00) after confirmation of 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.

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

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

FOR OFFICE USE ONLY

Principal ______ Alternate ______

Conditional ______ Not recommended ______
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.
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 ________________

Please return this form directly to: Institute for International Studies
200 Ulmer Hall
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:

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<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unknown</th>
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<td>Competence in major or specialization</td>
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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 __________
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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