International Student Teaching Application
(for Fall or Spring Semester Placements)

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.

☐ Meet Director of student teaching before meeting with the IIS Director.

☐ General Information: Complete the general information pages (2-3) 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

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

☐ Authorization Statement: Sign and submit this form.

☐ International Student Teaching Fee:
Pay $1,500.00 by certified check or money order BEFORE leaving for the international student teaching placement. Make payable to Lock Haven University. Payments received at the IIS.

☐ ISIC: International Student Identity Card
Submit $25.00 payment (payable to LHUF) and completed form to the IIS.

NOTES:

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

Personal Interview
Students that submit complete applications by the deadline will be invited to complete an interview with the Director of Student Teaching and the Director of the Institute for International Studies.

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 student teaching placement. 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 the LHU sponsored International Student Teaching Placement are required to attend all pre-departure meetings and are responsible for the information covered in these meetings.
International Student Teaching Placement Application
General Information

1st COUNTRY/PLACEMENT CHOICE __________________________ 2nd CHOICE __________________________
(Lock Haven University will make every effort to accommodate your first Placement 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. Semester of participation: FALL 20___ __ SPRING 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. 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:

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

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

20. How will you finance your participation in the international student teaching 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
Inteernational Student Teaching  
Recommendation Form

Applicant’s Name __________________________ last ______ first ______ M.I. ______

International Student Teaching Placement __________________________

Semester of participation: FALL 20__ __   SPRING 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 International Student Teaching Placement.

☐ 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 International Student Teaching Placement.

Signature of Participant __________________________ Date __________________

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

2. Academic attributes:

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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 an International Student Teaching Placement, 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
International Student Teaching
Recommendation Form

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

International Student Teaching Placement ________________

Semester of participation: FALL 20__ __ SPRING 20__ __

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Institution __________________________________ Signature ___________________________ Date ______________

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Lock Haven University
Lock Haven, PA 17745
International Student Teaching
Recommendation Form

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International Student Teaching Placement ____________________________________________

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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
International Student Teaching Placement

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

(Confidential)

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

Placement: ________________________________ FALL 20__ __ SPRING 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:    Skin:
Eye disease or injury .............. No Yes Skin disease, hives, eczema........... No Yes
Do you wear glasses................. No Yes Jaundice.............................. No Yes
Double vision........................ No Yes Frequent infection or boils........... No Yes
Headaches.......................... No Yes Abnormal pigmentation........ 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

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 Novocain or other anesthetics............ No Yes
Morphine, Codeine, Demerol, other narcotics........ No Yes Sulfur 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:

Any other allergies? No Yes If yes, please list:________________________________________________________________________
I. APPLICANT’S MEDICAL HISTORY REPORT

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, MUMPS & RUBELLA)

Measles _______
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.

_________________________________________ M.D.
(Examining Physician) _______________________

_________________________________________ (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
International Student Teaching Placement
Application

II. HEALTH INFORMATION
This form is to be completed by the participant.

Applicant’s Name ____________________________________________ (please type or print) last first M.I.

International Student Teaching Placement __________________________ Date of Birth ________________

Semester of participation: FALL 20__ __ SPRING 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 in an International Placement. It is important that the placement 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 International Student Teaching Placement.

Signature of Participant ______________________________________ Date ____________

Please return this form directly to: Institute for International Studies
International Student Teaching Application
Authorization Statement

Applicant’s Name ____________________________________________________________
(please type or print) last first M.I.

International Student Teaching Placements _________________________________________

Semester of participation: FALL 20__ __ SPRING 20__ __

To Whom It May Concern:

I authorize my application, references, and other materials prepared for international student teaching to be sent to the placement site which I have applied.

SIGNED: ___________________________________________________________________

DATE: ____________________________________________________________________

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