



University of Georgia Study Abroad Program Application

Checklist

Instructions:

- Return complete application by **15 February** deadline to:
Dr. Sarah Workman, Program Director
312 Hoke Smith Bldg.; Athens GA 30602-4356
- Submit all of the following materials together (except references, see below).
- Only complete applications will be considered.

Make sure the following items are included in the materials you return:

- All pages of the completed and signed application (including this one).
- 1 *official copy* of your UGA transcript (*Obtain from the UGA Registrar's Office*)
- 1 *official transcript* from any other college you've attended.
- 2 reference forms or letters. (It is the applicant's responsibility to secure references by the deadline. References may be included or forwarded by the referee.)
- Application fee of 25\$ (This fee is **refundable** if you are not accepted into the program. The application fee is non-refundable to students who withdraw from the program).

I understand that submitting an application for a study abroad program does not guarantee acceptance into the program. Candidates must meet program requirements and be approved by the program's faculty coordinator. Participation is also subject to availability; some programs fill up early.

I further understand that the program or individual courses may be cancelled due to low enrollment or other factors and I understand that I will be informed of such a decision no later than 6 weeks before planned departure date or as soon as possible after any adverse circumstances that cause the program to be cancelled.

Student Name _____ Signature _____ Date _____

For Study Abroad Program Use Only:

Date Received _____
Check Number _____
Decision _____

Application Fee Received _____
Missing Items _____



University of Georgia Study Abroad Program Application

Personal and Academic Information

Social Security Number _____

Full Name _____

Preferred Name _____

Birth Date _____ Age _____ Sex: ___ M ___ F

Mother/guardian's Name _____

Father/guardian's Name _____

Are you on financial aid (including HOPE) ___ Yes ___ No

What types? _____

Your college/univ. _____

Are you a Georgia Resident? ___ Yes ___ No GPA _____ GPA in major _____

Major(s) _____

Minor(s) _____

Academic Level ___ 1st year ___ 2nd year ___ 3rd year ___ 4th year ___ Master's ___ Ph.D.
(during study abroad)

Campus Address _____

_____ Phone _____

E-mail _____

Permanent Address _____

_____ Phone _____

Citizenship _____ Passport Number _____

Date of Issuance _____ Passport Agency _____ Date of Expiration _____



Please list all colleges or universities previously attended:

Name _____ Dates: From _____ to _____

Degree(s) awarded _____ Major _____

Name _____ Dates: From _____ to _____

Degree(s) awarded _____ Major _____

Name _____ Dates: From _____ to _____

Degree(s) awarded _____ Major _____

Personal Activities

Are you currently employed? yes no Occupation _____

If applicable, give name, address, and phone number of employer _____

List the primary co-curricular activities in which you are involved and in what capacity _____

Disciplinary and Criminal Record

If your answer to either of the following is yes, you must submit a full statement of relevant facts on a separate sheet to be attached to this form.

Are you currently, or have you ever been, charged with, or subject to, disciplinary action including suspension or expulsion for scholastic or any other type of misconduct at any high school, college, or university?

Have you been charged with, convicted of, or pled guilty or nolo contendere to a crime other than a minor traffic offense, or are any criminal charges now pending against you?

yes no

Convictions shall include: A finding of guilty by a judge or jury, a plea of guilty, a plea of nolo contendere, a plea of no contest, an Alford plea to a criminal charge or a plea under the first offender act, irrespective of the pendency or availability of any appeal or application for collateral relief. If "yes," explain fully, specifying the nature of the offense(s), the date(s) it/they occurred, the name and location of the court(s) and sentence(s) imposed. Please have the appropriate authority submit official court documentation directly to UGA's Office of Admissions.

Course Selections*

_____	_____
_____	_____
_____	_____
_____	_____

*Courses may be cancelled due to low enrollment.



Release and Application Signature

I hereby authorize officials at any educational institution that I have attended to release my disciplinary records (including but not limited to records maintained by the Office of Judicial Programs, the Registrar, the Department of University Housing, and/or the Office of the Vice President for Instruction) to the study abroad program director of the program to which I am applying. I fully understand that my disciplinary records may be a factor in evaluating my application.

I further acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for dismissal from the study abroad program.

Student Signature

Date

Applicants who are accepted to participate in a UGA study abroad program are required by the University of Georgia to complete and sign a student agreement and waiver which stipulates the terms and conditions of the program, student conduct regulations and a waiver of liability.

Signature of Study Abroad Advisor/Dean/Academic Advisor (for non-UGA students only)

Name _____ Title _____ Date _____

Phone _____ E-mail _____

Student has completed all the necessary steps to obtain permission to study abroad from our university. ___ Yes ___ No Signature _____

Questionnaire

How did you first hear about this program?

- poster
- flyer or brochure - obtained where? _____
- former participant
- Office of International Education
- campus presentation - location/presenter _____

References

According to the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written on your behalf are to be kept confidential or available for your inspection. Please choose below and indicate your choice on the reference forms.

- Confidential file Open file

Please obtain two references using the following forms and either include them in your file, or have them sent directly to the study abroad program office. References from faculty or employers are preferred. References from friends, family, or neighbors are not acceptable.



Reference Form For UGA Study Abroad Programs

Please return to: Sarah Workman, PhD by 15 February.
312 Hoke Smith Bldg.,
Athens GA 30602-4356

I. This section is to be completed by the student applicant (*please print or type*):

Applicant's Name _____

Applicant's local telephone _____ E-mail _____

This reference is ____ confidential ____ not confidential

II. This section to be completed by the referee

Name and title of referee _____

Phone _____ E-mail _____

1. How long have you known the applicant and in what capacity?

2. Is there any reason why you would not recommend that the applicant participate in a study abroad program?

Please indicate your perceptions of the applicant's competence in the following areas:

Area	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity To Observe
Intellectual					
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional					
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact					
with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation/					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other remarks may be written or typed on the back of this form or on a separate sheet.

Signature of Referee _____ Date _____

Please notify the student when he/she may pick up reference or forward it to the address above.



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Ability to interact					
with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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