

This is the CCIS Study Abroad Application packet that may be used for any CCIS study abroad programs. Included in the packet are the application and confidential reference forms. CCIS is a consortium of two- and four-year U.S. colleges and universities. Therefore, the application process for students attending institutions within the CCIS membership may vary from the process for students who do not attend a CCIS member institution. To determine whether your institution is a member of CCIS, consult page the CCIS Member List in the CCIS general brochure, or contact CCIS at (800) 453-6956. Before you complete the enclosed application materials, consult the Step-By-Step Guideline to the CCIS Application Process in the CCIS general brochure for useful information about the CCIS study abroad application process, and financial aid information.

If you attend a CCIS member institution: Submit the materials listed below, and any additional forms required for your particular program(s) of interest to your study abroad advisor on your campus.

**CWU Application Deadline:** Applications must be submitted to SAEP at least two weeks before the deadline posted on the CCIS website (<http://www.ccisabroad.org>) to ensure adequate time for processing and mailing.  
**CWU \$50 Study Abroad Application Fee:** All applicants must pay a \$50 non-refundable study abroad application fee at the Cashier's Office. The receipt for this payment must be submitted with your CCIS Application.

#### CCIS STUDY ABROAD APPLICATION

Please type or print the information neatly on this form. Make sure to include the country and city of the CCIS program for which you are applying.

If you are applying for more than one CCIS program, please fill out a separate application for each program. On page 2 of the application, we ask that you identify any sources of financial aid you plan to use for the study abroad program. For more detailed information about qualifying for financial aid for study abroad, contact your study abroad advisor or the U.S. sponsoring institution for the program.

#### APPLICANT'S STATEMENT OF PURPOSE

On page 2 of the Study Abroad Application, we ask that you write a statement of purpose for your proposed program of study and how it will be related to your current academic program, your personal growth and future goals. Please include the statement with the application.

#### CONFIDENTIAL REFERENCE FORMS

Most CCIS programs require two, and sometimes three, Confidential References. Consult the program page in the CCIS general brochure, or contact the U.S. sponsoring institution directly to determine how many references are required. The forms should be filled out by a professor, advisor, or employer who is able to comment on your motivation, commitment to projects, and suitability for living and studying abroad. You may include one personal reference.

#### ADDITIONAL APPLICATION MATERIALS

This is the general Study Abroad Application for all CCIS study abroad programs. Individual U.S. sponsoring institutions of CCIS study abroad programs may require additional application materials in order to determine your eligibility in the program. Please contact your study abroad advisor or the U.S. sponsoring institution directly to determine whether there are additional application materials required for the program.

#### OFFICIAL TRANSCRIPTS

An official copy of your academic transcript of all college work completed is required as part of your application. If you are a college freshman or high school senior, an official copy of your high school record is required. If your institution is a CCIS member, have your official transcript(s) sent to your study abroad office. If your institution is not a CCIS member, have your official transcript(s) sent directly to the U.S. institution which administers the study abroad program.

#### PROGRAM APPLICATION FEE

Contact your study abroad advisor or the U.S. sponsoring institution to determine whether there is a program application fee and, if so, the amount of the fee.

#### NOTIFICATION OF ACCEPTANCE

You will be notified of acceptance into the program by your study abroad advisor or the U.S. sponsoring institution. At that time you will receive detailed information regarding travel arrangements, orientation, payments, passport and visa requirements, health forms, and other essential details.

#### QUESTIONS?

If you have specific questions about individual CCIS study abroad programs, contact your study abroad advisor or the U.S. sponsoring institution which administers the program. If you have general questions about CCIS and its study abroad programs, contact the CCIS Office at 2000 P Street, NW, Suite 503, Washington, DC 20036, (202) 223-0330, (202) 223-0999 Fax, [info@ccisabroad.org](mailto:info@ccisabroad.org).



# CCIS STUDY ABROAD APPLICATION



## I. CCIS PROGRAM INFORMATION

PROGRAM TO WHICH YOU ARE APPLYING:

Country: \_\_\_\_\_

City: \_\_\_\_\_

TERM/YEAR OF STUDY (Circle the term and indicate the calendar year which applies):

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ INTENSIVE LANGUAGE CYCLE(S) (Dates \_\_\_\_\_ )  
(Session/Dates \_\_\_\_\_ )

## II. PERSONAL INFORMATION

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ City/State/Country of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

**CURRENT MAILING ADDRESS** (Valid Until \_\_\_/\_\_\_/\_\_\_):

Street \_\_\_\_\_ Box/Apt. # \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**PERMANENT MAILING ADDRESS** (if different from above):

Street \_\_\_\_\_ Box/Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ Box/Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### FOR CCIS MEMBER INSTITUTION USE ONLY

(To be completed before forwarding the application to CCIS sponsoring institution)

Enrolling Institution: \_\_\_\_\_ Admission Recommendation: \_\_\_/\_\_\_/\_\_\_

Sponsoring Institution: \_\_\_\_\_

Signature of Director of International Education \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

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# CCIS STUDY ABROAD APPLICATION: CONFIDENTIAL REFERENCE FORM

**Part I: To be completed by the applicant.**

Name of Applicant

Date of Request

CCIS STUDY ABROAD PROGRAM

Country:

City:

Evaluator's Full Name

Position

Deadline for Request

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature

Date

BE SURE TO PROVIDE THE EVALUATOR WITH A STAMPED, ADDRESSED ENVELOPE. PLEASE NOTE THE FOLLOWING: A) IF YOU ATTEND A CCIS MEMBER INSTITUTION, PROVIDE THE EVALUATOR WITH YOUR STUDY ABROAD ADVISOR'S ADDRESS; B) IF YOU DO NOT ATTEND A CCIS MEMBER INSTITUTION, PROVIDE THE EVALUATOR WITH THE U.S. SPONSORING INSTITUTION'S ADDRESS.

**Part II. To be completed by the evaluator.**

The above-mentioned applicant is applying for the CCIS study abroad program designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form in the stamped, addressed envelope provided to you by the applicant.

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Continued other side)*

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comments section as necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet, if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Print Name

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Position/Title

Telephone Number

---

Office Address

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(Rev. 9/98)

**PLEASE RETURN REFERENCE FORM TO THE STUDENT IN A SEALED ENVELOPE**



# CCIS STUDY ABROAD APPLICATION: CONFIDENTIAL REFERENCE FORM

**Part I: To be completed by the applicant.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Request

CCIS STUDY ABROAD PROGRAM

Country:

City:

\_\_\_\_\_  
Evaluator's Full Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Deadline for Request

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Applicant's Signature

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Date

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Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued other side)

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Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet, if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Print Name

---

Position/Title

Telephone Number

---

Office Address

---

**PLEASE RETURN REFERENCE FORM TO THE STUDENT IN A SEALED ENVELOPE**



CENTRAL WASHINGTON UNIVERSITY

TRANSCRIPT REQUEST FOR CWU STUDY ABROAD/EXCHANGE APPLICANTS

(USE THIS FORM TO ORDER AND THEN GO PICK UP YOUR TRANSCRIPT AT REGISTRAR SERVICES.)

All study abroad/exchange participants must submit official transcripts as part of the application process.

- Complete this form to obtain an official CWU transcript.
• Transcripts from other universities must be requested directly from those institutions.

IMPORTANT NOTE:
This form is for use by CWU study abroad/exchange applicants only.
To order a CWU transcript for other purposes, please go to:
http://www.cwu.edu/~farrellv/transcript.html

To order a transcript:

- 1. Complete the fields below marked with an asterisk (\*) and sign the form.
2. Pay \$7.00 at the Cashier's Office, Barge 104.
3. Take the receipt for transcript payment with this form to Records, Mitchell Hall 1st floor.
4. Pick up your transcript the next day. The transcript will not be mailed to SAEP.
5. Do not open the transcript when you pick it up - submit it to SAEP with the rest of your application materials.



CENTRAL WASHINGTON UNIVERSITY

Please print or type all information.

\* CWU ID
\* Student name and address:

Send transcript to: Student must pick up (transcript for study abroad/exchange application)

X SIGNATURE OF STUDENT DATE

REQUEST FOR TRANSCRIPTS

Transcripts will not be released until financial obligations are cleared. Transcripts from other institutions must be obtained from that institution.

Number of transcripts requested: 1
Former names:
\* Date of birth:
\* Daytime phone:
\* Date first attended: QTR YEAR
\* Date last attended: QTR YEAR

Table with 3 columns: Request type, YES, NO. Rows: Mail now, Hold for degree, Hold for completion of current quarter.

Office use only:
Amount paid: Receipt number: