



CWU Faculty-Led Program Application Checklist

I have enclosed the following items in the order below as part of my application to the CWU Exchange Program:

- CWU Faculty-Led Program Application (p. 1-3)
- Recent passport-sized photograph (attached to application →→→→→)
- Personal Statement (*question found on p. 3*)
- 1 Academic Reference (*unopened in sealed envelope; p. 4*)
- Unofficial transcripts from each college or university attended (*CWU transcripts can be printed from Safari*)
- \$50.00 CWU 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 application.)

Use tape or glue to attach a recent passport-sized photograph here

(2" X 2")

WRITE YOUR NAME ON THE BACK OF YOUR PHOTO

Program Information

1. Name of Program: _____
2. Name of Faculty Coordinator: _____

Personal Information

3. Legal name: _____
(as it appears on your passport or birth certificate)
Last *First* *Middle*
4. Preferred name: _____ 5. Gender: Female Male
6. Home institution: _____ 7. Student ID: _____
8. Major(s): _____ 9. Minor(s): _____
10. Cumulative GPA: _____ 11. Graduation date (*Month/Year*): _____
12. Current academic level: Freshman Sophomore Junior Senior Graduate
13. Residency Status: In State Out of State International
14. Contact information at your current residence: (Valid until: _____ / _____ / _____)
Month Day Year
 Street address: _____
 City: _____ State: _____ Zip code: _____
 Telephone (*with area code*): _____ School e-mail: _____
15. Contact information at your permanent residence: (*Mail will be sent here after date provided above.*)
 Street address: _____
 City: _____ State: _____ Zip code: _____
 Telephone (*with area code*): _____ Personal e-mail: _____
16. Do you plan to apply financial aid toward your study abroad costs? (this includes grants, CWU scholarships, outside scholarships, student loans, etc.) Yes No

17. Do you have any special needs or require special services during your program? (e.g., dietary considerations, learning aids, or facilities with access for persons with disabilities)

Yes No If yes, please describe on a separate sheet of paper or speak directly with your advisor.

18. Do you have any concerns about your being able to function as a fully engaged participant in this program for medical or dietary reasons?

Yes No If yes, please describe on a separate sheet of paper or speak directly with your advisor.

Emergency Contact Information

18. Contact information for two family members that CWU may contact and release information to during cases of emergency.

Emergency Contact #1

Name(s): _____ Relationship to you: _____

Address: _____

Telephone (with area code): _____ E-mail: _____

Emergency Contact #2

Name(s): _____ Relationship to you: _____

Address: _____

Telephone (with area code): _____ E-mail: _____

Personal Statements

19. On a separate sheet of paper, please respond to the following in a clear, thoughtfully prepared short essay (about 250-500 words). Include your name on each page.

Personal Statement: Introduce yourself and present your goals for studying abroad. What aspects of your background (e.g. coursework, job experience, travel, intercultural experience, etc.) have prepared you to go abroad? Focus on a situation in which you have encountered a great deal of ambiguity or have felt like a foreigner. Explain how you handled the situation, what you learned, and how it will help you while abroad.

Voluntary Personal Information

20. Please check the box(es) that best describe your ethnic origin:

(completion of this question is voluntary and will not affect the outcome of your application:

African-American Asian American Caucasian Hispanic/Latino

Multi-racial Native American Other: _____

Marketing

21. What resources did you find useful while searching for study abroad opportunities? (please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Study Abroad Ambassador | <input type="checkbox"/> Classroom presentation |
| <input type="checkbox"/> Study Abroad Fair | <input type="checkbox"/> Residence hall posters | <input type="checkbox"/> Student blogs |
| <input type="checkbox"/> Program brochures | <input type="checkbox"/> Posters in SURC or around campus | <input type="checkbox"/> Study abroad group seminar |
| <input type="checkbox"/> Faculty/Academic Advisor | <input type="checkbox"/> Study abroad advising appointments | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Website | <input type="checkbox"/> Word of mouth/past participants | |

22. What previous international experiences have you had? *(please check all that apply)*

- Studying abroad in college
- International experience while in high school
- International volunteer work
- Family hosted exchange student
- Independent traveling abroad
- Family vacation abroad
- International roommate in college
- Studied a foreign language (_____)
language studied/when

23. Primary reasons for participating in a faculty-led program *(please check all that apply)*

- Personal growth
- International travel
- Meet degree requirements
- Language study
- Participate in an undergraduate research experience
- Study internationally with specific faculty leaders
- Initial exploration of study abroad
- Other: _____

24. Have you ever studied abroad? Yes No

If so, please list names and dates of program(s): _____

Statement of Understanding

I have attached the application fee. I agree to notify my study abroad advisor immediately, in writing, if I no longer want to be considered for this program. I recognize that withdrawal does not entitle me to a refund of the application fee, but that this fee is transferrable to another program within the same academic year.

25. If accepted into the CWU faculty-led program, I agree that:

- Participating in a CWU Faculty-Led Program is a privilege and not a right.
- Submitting an application is not a guarantee of application acceptance or placement.
- I will take part in all aspects of the program, including attendance of a mandatory Pre-Departure Orientation and completion of a CWU Study Abroad Acceptance Packet.
- Failure to maintain (prior to and during my program) all of the eligibility requirements of the program could result in a cancellation of my participation in the program.
- I will pay the Non-Refundable \$300 Study Abroad Deposit at the time of acceptance.
- I will pay the designated program fee specific to my faculty-led program.
- If I withdraw from the program anytime after accepting the placement, I will do so in writing and understand that:
 - I may still be obligated to pay the full program fee at the discretion of CWU.
 - I may be subject to pay a \$300 Cancellation fee.
- CWU may distribute my e-mail address when pertaining to CWU Faculty-Led Programs.
- It is my responsibility to obtain all visas/residency permits to enter the host country and to prepare all travel arrangements to the host institution.

I acknowledge that all statements in this application are complete and accurate to the best of my ability and that I have read and understand the conditions outlined above in the Statement of Understanding.

Applicant's signature

Date

Applicant's name (type or print)

Submit completed application packet via mail to:

Central Washington University
Study Abroad & Exchange Programs
Office of International Studies and Programs
400 East University Way
Ellensburg, WA 98926-7407

Submit completed application in person to:

Central Washington University
International Center
Roberta Lowe, Room 106

Phone: (509) 963-3622
Fax: (509) 963-1558
Email: goabroad@cwu.edu

To Be Completed By the Applicant

Name: _____ E-mail: _____

Reference requested from: _____
(Referee must be a university-level instructor or academic advisor)

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

To be Completed by the Individual Providing the Reference

The applicant named above is applying to study abroad on a CWU Faculty-Led Program. Since participants serve as representatives of their nation and CWU, Study Abroad and Exchange Programs is concerned about the applicant's academic and personal suitability for study abroad. Feel free to use the back of this form or write a separate reference letter to add any additional comments relating to the applicant's academic and personal suitability for study abroad.

1. Indicate the length of time and in what capacity you know the applicant.
2. Indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Outstanding	Unable to Determine
A. Motivation and seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ability to plan and carry out research or independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ability to express thoughts in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ability to work cooperatively in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you were a study abroad program director, rate your degree of enthusiasm for accepting this applicant on your program.

Very High Moderate Very Low Unable to Determine

4. Please feel free to add additional comments relating to the applicant's academic and personal suitability for study abroad on the back of this form or in a separate reference letter.

Referee's signature

Date

Name (type or print)

Title

Telephone

E-mail

- Please return this form to the student in a sealed envelope -