



Study Abroad Application

◆ Semester ◆

Part A: Study Abroad Program Information

Country _____ Semester _____ Year _____

Application for (check appropriate box):

Fall Semester

(Deadline: March 1st)

Spring Semester

(Deadline: October 1st)

Part B: Personal Data

Name _____

(Please use Full Name as it appears on your passport.)

Telephone # _____ Kirkwood K # _____ / ___Male___Female

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Date of Birth: _____ Country of Citizenship: _____

Part C: Emergency Contacts while abroad:

Name/Relationship: _____

Telephone # _____ E-mail _____

Name/Relationship: _____

Telephone # _____ E-mail _____

Office Use Only

Date Received:

Initial:

**Please print and return
completed forms to: ⇨**

**Kirkwood International Programs
6301 Kirkwood Blvd SW - 134 Linn Hall
Cedar Rapids, Iowa 52404**

Part D: Medical Report

Name _____

Telephone # _____ Kirkwood K # _____

Studying in another country requires considerable adaptability. This is both part of the challenge and the reward. Your willingness to answer these questions may assist us in organizing a successful program.

Study abroad requires a great deal of physical mobility. Do you feel able to perform the essential functions of study abroad? Yes No

If no, please explain. _____

Are you generally in good physical condition? Yes No

If no, please explain. _____

Are you a diabetic? Yes No

Do you have a heart condition? Yes No

Have you ever been treated for an emotional disorder? Yes No

If so, please describe.* _____

*Please explain to the extent that this information should be known by the staff concerned with your well-being. Attach a separate sheet if more space is required

Do you have any allergies to food, medications, environmental factors, insects etc? Yes No

If so, what happens when you come into contact with the allergen? _____

Are you taking any medication? Yes No

If so, please describe. _____

Are you on a restricted diet (vegetarian)? Yes No

I certify that all responses made on this Medical Report form are true and accurate, and I will notify Kirkwood International Programs hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this form is for information purposes only and in no way implies that Kirkwood takes responsibility for my health.

Student Signature (Signature Required)

____/____/____
Date



Part E: Financial Information

Studying Abroad for a semester takes financial planning. As you consider study abroad, it is important to consider all of the costs thoroughly. Talk to the International Programs Office and past participants to get a complete picture of all your costs. Below is a sample budget for a semester in Australia. *Note: the cost of studying abroad varies by country and program.*

Sample Budget - Semester Abroad (Australia)			
Kirkwood Tuition	12 Credits		\$1,536.00
Airfare	\$2,000		\$2,000.00
Housing	\$172/week	\$700/mo.	\$3,500.00
Student Visa	\$500		\$500.00
Health Insurance	\$200		\$200.00
Books and Supplies	\$500		\$500.00
Local Transportation	\$50/mo.		\$200.00
Food & Etc.	\$10/day		\$1,600.00
Total			\$10,036.00
Kirkwood Study Abroad Scholarship*			
<i>(must have 2.5 GPA, two faculty recommendation forms, and be selected by committee)</i>			
			\$ 2,000.00
			\$8,036.00

State how you intend to finance a semester study abroad program:

Do you want to be considered for the Kirkwood's Study Abroad Scholarship? Yes No

Are you eligible for Federal/State Financial Aid? Yes No

Are you currently receiving a Pell Grant? (Students receiving Pell Grants may be eligible for Federal Study Abroad Scholarships) Yes No

Part F: Statement of Purpose

On a separate sheet of paper, please provide a personal essay about why you are applying for a Kirkwood Semester Study Abroad Program. Please include any relevant experience which you have had, any work or study abroad, and your intellectual, social and other interests. Here are some guiding questions.

- Why are you a good candidate for studying abroad?
- Have you traveled or studied abroad before? Where?
- Why do you want to study in this country?
- How does a semester of studying and living abroad fit into your overall educational goals?
- What do you want to achieve during your experience?

**** Your Statement of Purpose and an interview with the selection committee are major factors in your selection and placement in a Semester Study Abroad Program. Please use proper spelling, grammar, and punctuation. Statement should be one to two pages, double spaced, 12 point font. Please attach Statement of Purpose to the Application. Write your name and K# as on each page. ****

Part G: Letters of Recommendation

To be eligible for a Kirkwood Semester Abroad Program you must submit two letters of recommendation or two Faculty recommendation forms. Please include these letters with your completed application and Statement of Purpose.

Part H: Signature:

I certify that all my responses made in this application are true and accurate. I agree to pay Kirkwood Tuition and all relevant fees prior to departure or as required by International Programs.

Student Signature (Signature Required)

____/____/____
Date

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Cedar Rapids, Iowa 52404**



Study Abroad

■ **Faculty Recommendation Form** ■

Program _____

Name of Applicant: _____

Faculty Member

How do you know the Applicant:

- Current Student of mine
- Previous Student of mine
- Other: _____

According to the following criteria, how would you evaluate the applicant's readiness for study abroad?

	UNABLE TO EVALUATE	LOW	ACCEPTABLE	VERY GOOD	EXCELLENT
Motivation for study abroad					
Academic performance					
Emotional stability					
Respect for customs, rules and values of others					
Ability to handle stress					
Flexibility					

- I recommend this applicant without reservation
- I recommend this application with reservation
- I do not recommend this applicant

Please describe reservation: _____

Name of Faculty: _____

Signature of Faculty: _____ **Date** _____

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Cedar Rapids, Iowa 52404



Study Abroad

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Program _____

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- I do not recommend this applicant

Please describe reservation: _____

Name of Faculty: _____

Signature of Faculty: _____ **Date** _____

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