



Study Abroad Application

◆ Short Term ◆

Part A: Study Abroad Program Information

Country _____ Dates _____

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 _____

Part D: Registration/Payments

I agree to pay the Non-Refundable deposit at time of application, plus any and all program fees by stipulated due date.

Student Signature (Signature Required)

_____/_____/_____
Date

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 E: 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



Study Abroad

◆ Scholarship Application ◆

Student's Last Name

First Name

Kirkwood K#

In which Kirkwood program are you currently enrolled? _____

What is your Cumulative GPA? _____

List clubs, organizations, special interests and any special honors received in high school or while at Kirkwood:

Have you ever traveled or studied abroad? Yes No

If so, please describe. _____

* **Please submit 2 letters of recommendation or two Faculty recommendation forms.**
(These follow the same due date as your application.)

* **An essay (up to two pages) describing the reasons why the particular program fits your personal, academic and professional goals and how you will benefit from participating.**
This is also your opportunity to share personal or background information that shows off your unique qualities and interests.

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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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Signature of Faculty: _____ **Date** _____

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