

**Augusta State University College of Education Study Abroad Program  
Application Checklist**

**Instructions:**

- Return complete application by October 15th to the office of:  
Study Abroad  
Allgood Hall E110  
706 729-2306  
This office is open from 8am-4:30pm Monday- Friday.
- Submit all of the following materials together.
- 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).
- Essay Question Responses.
- Application fee of \$200 (This fee is **refundable** if you are not accepted into the program.)  
Should you be accepted to the program, but withdraw after the October 15<sup>th</sup> deadline, this deposit becomes non refundable.

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 \_\_\_\_\_  
Application Fee Received \_\_\_\_\_  
Check Number \_\_\_\_\_  
Decision \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

**Augusta State University Study Abroad Program**

**Personal Information**

Student Identification Number \_\_\_\_\_

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Mother/guardian's Name \_\_\_\_\_

Father/guardian's Name \_\_\_\_\_

Race (optional): \_\_\_ White \_\_\_ Asian \_\_\_ Hispanic \_\_\_ African-American  
\_\_\_ Multiracial \_\_\_ American Indian \_\_\_ Other \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_

Date of Issuance \_\_\_\_\_ Passport Agency \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Academic Information**

Are you on financial aid (including HOPE) \_\_\_ Yes \_\_\_ No

What types? \_\_\_\_\_

Are you a Georgia resident? \_\_\_ Yes \_\_\_ No GPA \_\_\_\_\_ GPA in major \_\_\_\_\_

Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Academic Level: \_\_\_ Junior \_\_\_ Senior \_\_\_ Master's \_\_\_ Specialist

Type of Credit You Will Be Seeking: \_\_\_ Undergraduate \_\_\_ Graduate \_\_\_ PLU

**Recommendation Signatures of Two Teacher Education Faculty Members**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Essay (maximum 2 pages)**

1. Why are you interested in participating in this experience in Holland and Sweden?
2. Describe your previous international experiences or experiences living and working in communities different from your own.
3. Tell us what you think you will be able to contribute to this group learning experience in Holland and Sweden.
4. Explain briefly what you hope to learn from this experience, and how you might use what you have learned in your future work as an educator.

**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 Judicial Programs and Services Office, the Registrar, the Department of Housing, and/or the Office of the Vice President for Academic Affairs) 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 also understand that the study abroad office will verify my GPA and transcripts for this program.

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.

\_\_\_\_\_ Date

Student Signature

Applicants who are accepted to participate in a ASU study abroad program are required by the ASU 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.

**Questionnaire**

How did you first hear about this program?

- \_\_\_ class
- \_\_\_ poster
- \_\_\_ flyer or brochure- obtained where? \_\_\_\_\_
- \_\_\_ former participant
- \_\_\_ Office of International Education
- \_\_\_ campus presentation- location/presenter \_\_\_\_\_
- \_\_\_ advisor

