

Student Application for Individual Study Abroad Program Step 1

1. Personal and Contact Information

Name: _____ PSU ID: _____

Current Address: _____

Current Daytime Phone: _____ Email address: _____

Gender (circle one): M F Birth date: _____ (MM/DD/YY)

Major: _____ GPA(current cumulative): _____

Classification (circle one) FR SO JR SR GR Other: _____

Citizenship: _____ Passport #: _____ Date of Exp.: _____

2. Program information

Sponsoring Organization: _____

Destination Country/Countries: _____

Language(s) of instruction: _____

Specific dates of study program: _____

3. Study Abroad Stipend Information

If you are eligible for a Study Abroad Stipend for this program, in order to receive the stipend you must have a Social Security number or Tax ID.

Do you have a SS# or Tax ID? ___ Yes. If yes, please attach a copy of your Social Security or Tax ID card to this application.

___ No. If no, please contact IPSO for advisement.

4. Statement of Goals and Objectives

On a separate sheet of paper please submit an explanation of your desire to participate in this program and how it will enhance your academic program here at PSU. Please include a statement of goals and objectives you wish to accomplish with this program. Also include information about past foreign language study (if any) and any awards or scholarships you have received. **NOTE:** If you should apply for PSU funding this information may also be used to evaluate your eligibility for funding of your trip.

Student Application for Individual Study Abroad– Step 1 (continued)

5. Faculty References

List below two PSU faculty who will submit letters of recommendation on your behalf for studying in this program. One should be your academic program advisor. It will be your responsibility to solicit these recommendations and have them sent to the Office of International Programs and Services at 118 Whitesitt Hall. If faculty should need more information on the format or purpose of the recommendation have them contact the Office at ext. 4680.

- a. Name of faculty _____ Department _____
- b. Name of faculty _____ Department _____

5. Agreement of Participation

I understand that approval to participate in this program may include a review of my academic and disciplinary records. I give the director of the specific study abroad program and Pittsburg State University Office of International Programs and Services permission to review these records and share appropriate information. Furthermore, I understand and agree that if I should be approved to participate in this program I will continue to be subject to the rules and regulations of Pittsburg State University in both academic and personal behavior. I also agree to be subject to other rules given by the director of this program, or the host institution. I also will be subject to all laws of the host country. I understand that failure to obey any rules or laws may result in the premature ending of my participation in this program. I will be responsible for all expenses as a result of disciplinary sanctions or illegal or unacceptable activity. My signature to this form is also stating that I have given truthful and fully disclosing answers to all information contained in this application. Additionally, I understand that PSU policy requires all returning study abroad students receive a TB test 6 week after returning.

Signature of Student

Date

****Please submit both pages of this application and all accompanying information to the Study Abroad Coordinator in the Office of International Programs and Services, Room 118 Whitesitt Hall.**