## College of DuPage Summer Study Abroad

## **Application for Admission**

## **COVER SHEET**

A complete application must be submitted in order to be considered for this program.

#### **Checklist for Applicants**

- □ 1. Applicant Information
  - Passport copy (if available at time of application)
- □ 2. Academic Information
  - Transcript (Unofficial transcript accepted. Exceptions made for non-traditional students.)
- □ 3. One letter of recommendation (The link to the recommendation form can be emailed directly to your reference and returned in the methods noted below.)
- □ 4. Housing Preferences
- □ 5. Cancellation/Refund Policy
- 🗆 6. Essay
- □ ICISP Sponsored Billing Agreement

(For non-District 502 students applying to **COD summer programs**. An ICISP administrative fee is charged in addition to the regular program fees.)

#### **Application Process:**

- **Step 1** Submit completed application.
- **Step 2** Field Studies/Study Abroad will contact you to confirm the receipt of your completed application.
- **Step 3** Program directors will contact you to schedule an interview. Acceptance into the program is at the discretion of the program directors.

# Application deadline is Feb. 15 or until all spots are filled. Late applications accepted, space permitting.

Submit your completed application via email to <u>fssa@cod.edu</u> or mail to:

COD Field Studies/Study Abroad 425 Fawell Blvd., BIC 3520 Glen Ellyn, IL 60137-6599 (630) 942-2356

# College of DuPage

## College of DuPage Summer Study Abroad

# Application for Admission

## A minimum \$500 deposit will be required upon registration.

I am interested in participating in the program to: \_\_\_\_

## **1. APPLICANT INFORMATION**

<del></del>	<b></b>			
Legal nam	ne First	Middle	Last	
Permanen	t street address	City	State ZIP	
Date of bi	rth	Cell phone		
Preferred	Name	Your school (.edu) email		
Your addre	ess while at college if different fror	n above City	State ZIP	
How Ic	ong will you be at your	college address? Until//_		
Do γοι	already have a passp	ort? (If so, submit a copy with your applic	cation.) 🗆 Yes 🗆 No	
	Surname (last), exactly as appears of	n passport Given names (first and middle) exactly a	as appears on passport Passport expiration dat	te (m/d/y)

Nationality/Passport issued by

If your passport will expire less than 6 months from the trip return date, or you do not yet have one, apply now as it can take several months to obtain one: <u>https://travel.state.gov/content/travel/en/passports/need-passport.html</u>

## 2. ACADEMIC INFORMATION (Submit transcript with application.)

Current college	City/State	Dates of attendance
Previous college	City/State	Dates of attendance
Previous college	City/State	Dates of attendance

Current status: 
Graduating H.S. 
Current COD student 
Current non-COD college student 
Other/Community Member

# Field Studies/Study Abroad (630) 942-2356

**Note:** Save a copy of these documents to your computer PRIOR to completing them to avoid losing your information.

List Country

Last name			name	Middle initial
Location of Study Abroad program				
Current speaking ability	y of language	I wish to st	udy through COD this sur	nmer:
□ Excellent	□ Good	🗆 Fair	□ Little to no experiend	се
How many years have y	you studied tl	nis language	)?	
High school: 🗆 1/2	2 🗆 3/4 🗆 5/6	+ □N	o formal study	
College:	3/4 🗆 5/6+	Semeste	ers	
and/or any other college	or university?	□ Yes ັ	ainst you while attending C □ No ent, and the sanction or out	0 0

## **3. LETTER OF RECOMMENDATION**

Please list the name and address of a current or previous teacher who will be submitting a recommendation on your behalf. They should have known you for at least one semester and have observed your relationship with others. If you are not a current or recent student, your recommendation can be from an employer or a non-family member who has known you in a professional or volunteer position.

Name:		

Email: \_\_\_\_\_

**Recommendation Forms available online:** 

https://cod.edu/academics/academic\_opportunities/field/studyabroad/pdf/recommendation\_form.pdf

Location of Study Abroad program

#### **4. HOUSING PREFERENCES**

This information will be considered for housing placement.

#### I am:

- □ Messy □ Neat
- □ Noisy □ Quiet
- □ Morning person □ Night person
- □ Punctual □ Not punctual

### Living Arrangements preferences:

- □ Smoking
- □ Non-smoking
- □ Pet O.K.
- No pets

Any specific dietary requirements:

Three adjectives that describe you best: \_

#### **5. CANCELLATION/REFUND POLICY**

In the event that a participant wishes to **withdraw from a program for which they are registered, certain penalties may apply**. Services are planned and commitments are made on behalf of all participants, in advance of actual departure: suppliers require advanced deposits and payments, and final payments for all services are sent to vendors months in advance of departure. These payments are non-refundable since contractual agreements stipulate penalties to be applied to services requested but not used.

Please note that no refunds will be made for any services provided in the itinerary that you do not use.

Please understand that if you change your plans for ANY reason, your right to a refund is limited.

Cancellations/refund requests must be emailed to <u>fssa@cod.edu</u>

□ I have read and I understand the Participant Cancellation and Refund Policy.

Signature

First name

Location of Study Abroad program

#### 6. ESSAY

Please submit a one-page essay addressing the following questions. How does the program relate to your personal, academic and career goals? What cultural experiences are you interested in during your study abroad? What do you think will be the most challenging aspect (besides learning the language) of living abroad? Do you have previous travel experience abroad (briefly discuss)? Is there anything you would like us to know about yourself (likes, dislikes, concerns, interests etc.)?

Last name

First name

Middle initial

Location of Study Abroad program