



KEAN UNIVERSITY  
Center for International Studies  
Kean Hall 225 – Second Floor  
1000 Morris Avenue, Union, NJ 07083-0411  
Phone 908 737-7140

### **Study Abroad Application**

Thank you for your interest in the Kean University Study Abroad Program. As a member of the New Jersey State Consortium for International Studies (NJSCIS), Kean students are able to attend accredited institutions in over fifty countries worldwide. These institutions will challenge you intellectually, as well as provide an avenue for first-hand learning about their unique cultures. Therefore, qualified students must demonstrate academic excellence at Kean and interest in challenging the boundaries of their experience.

#### **Eligibility**

Candidates must:

- 1) possess a minimum **cumulative grade point average of 3.0** at the end of the semester prior to studying overseas. An **official Kean transcript** verifying your GPA must be submitted with your application.
- 2) be a **sophomore or junior during their overseas semester**.
- 3) submit **three references** (two from academic faculty; and one from clergy, employer, or friend).
- 4) submit **verification of financial resources** to cover cost of the overseas experience, by the application date.
- 5) have **approval of the Coordinator of Kean University's Study Abroad Program**.
- 6) submit completed **NJSCIS Medical Examination Report**.
- 7) submit **\$350 non-refundable deposit**, by the application date.

#### **Deposit**

Students from NJSCIS member institutions will be assessed a **non-refundable** administrative fee of **\$300** for the first placement, regardless of the length of their studies. A placement in a second site will entail an additional administrative fee of \$350. The \$350 non-refundable deposit is due to the study abroad coordinator, on or before the application deadline to reserve your overseas placement. Payment is by **check or money order only**, made payable to **NJSCIS**. Certain study abroad programs may require additional deposits to be submitted along with their application. Check with the study abroad coordinator to see if your program requires additional deposits. Refund policies vary from program to program, depending on the host institution's requirements. Your study abroad coordinator will advise you if the host institution imposes financial penalties for withdrawal prior to start of the study abroad program. All subsequent billings are also done through NJSCIS unless stated otherwise.

#### **Application Deadline**

**Fall Semester Abroad or Summer Semester Abroad - February 15**  
**Spring Semester Abroad - September 30**

Kean University  
Center for International Studies  
Study Abroad Program

**STUDY ABROAD APPLICATION**

(Please type or print all information)

Study Abroad Country \_\_\_\_\_ Study Abroad University \_\_\_\_\_

Study Abroad Program (circle one): NJSCIS ISA CEA CCIS ISEP Study Abroad Semester \_\_\_\_\_

Name \_\_\_\_\_

*(First)*

*(Middle)*

*(Last)*

Current Address \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

Permanent Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Personal Data

Kean ID Number \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Passport # (if known) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Academic Records

Home College \_\_\_\_\_

Grade Point Average \_\_\_\_\_ (Minimum GPA of 3.0 required. Kean **official** transcript must be submitted)

Major \_\_\_\_\_ Total Completed Credits (not in progress) \_\_\_\_\_

Ambitions and Experiences

Career Goals \_\_\_\_\_

Hobbies and Special Interests \_\_\_\_\_

Home Campus Activities \_\_\_\_\_

Work Experience \_\_\_\_\_

Personal Statement

You must attach a two (2) page, type written, double-spaced essay, which includes the following information: a) your reasons for wanting to study abroad, b) your reasons for selecting where you want to spend your study abroad, c) the courses you plan to take during your study abroad and why these courses were chosen, d) past travel or study abroad experiences and e) your community and/or campus activities

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**EMERGENCY TREATMENT PERMISSION AND CONTACT**

On rare occasion, an emergency requiring hospitalization and/ or surgery may develop. This form is a safeguard to prevent dangerous delay in case of emergency. Please print or type information requested.

This information is for \_\_\_\_\_  
First Name Last Name

1) Emergency Contact: Name/Relation \_\_\_\_\_  
Home Address \_\_\_\_\_  
Day Phone (\_\_\_\_\_) \_\_\_\_\_  
Evening Phone (\_\_\_\_\_) \_\_\_\_\_

2) I have current health and medical coverage for the duration of my semester abroad under:

Insurance Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3) Medicines I am allergic to:

4) The following are medical conditions in which a physician in another country should be made aware of:

5) In the event of an emergency and we cannot be reached, we give our consent to authorize treatment or hospital care that is in the best judgment of the licensed physician.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**STATEMENT OF AUTHORIZATION AND CONSENT**

The following agreement is designed to protect all participants in the Kean University Study Abroad Program: students, faculty, and staff of Kean University, and overseas host institutions. Please indicate permission/agreement with the following conditions by affixing your signatures below.

We understand that any program of travel does involve some degree of risk and that participation in the program is entirely voluntary. We release Kean University, its trustees, officers, and employees from any responsibility from any claims, lawsuits, damages, expenses, liabilities, or injuries which may occur or be given rise during participation in the Study Abroad Program.

We understand that it is the responsibility of the student to have adequate medical, health, travel, and liability insurance coverage for the duration of the overseas experience. We have verified coverage with our insurance carrier(s) and it is valid overseas. We will provide documentation at the request of the Kean University Director or host institution officer.

We agree that if the student drives or operates any vehicle (i.e., car, bicycle) while abroad, the student takes full responsibility for all claims damages, liability, lawsuits, or injuries occurring as a result of this action.

We understand that while traveling or residing in a foreign country, the student will be subject to laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of the Kean University Study Abroad Program.

We understand that if a student leaves the program once the overseas program has begun or the institution and associated fees have been paid, there will be no refund. If the student is receiving financial aid (i.e., loans, grants, scholarships), it is understood that the student has committed full payment for tuition and program fees. In instances where financial aid monies are made available upon the student's completion of the study abroad, the student agrees to make payment in full to the New Jersey Consortium for International Studies (NJSCIS).

Any outstanding balance with NJSCIS or overseas host institution at the completion of the study abroad will prohibit the awarding of academic credit from the overseas University. Students with senior class status will be ineligible to be graduated from Kean University with an outstanding balance with NJSCIS. NJSCIS reserves the right to submit the student's account to a collection agency for delinquent or non-payment.

We understand the study abroad experience exists to ensure overseas opportunities to the student body present and future that outstanding balances limit the future opportunities for all Kean University students.

Printed Name \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Kean University  
Center for International Studies  
Study Abroad Program

**EXPECTATIONS OF KEAN UNIVERSITY STUDY ABROAD PROGRAM**

I agree to abide by the following guidelines while spending a semester abroad as a Kean University student:

1. I will abide by the rules, regulations, and policies of the host institution.
2. I will become familiar with and abide by the laws of my host country or other countries I visit.
3. I will correspond with Coordinator of the Study Abroad Program regularly while overseas.
4. My personal conduct will be credit to my country, Kean University, my family and myself.
5. I will respect the cultural and ethnic differences of my host institution and of individuals I meet.
6. I will place primary priority on my academic responsibilities while studying overseas.
7. I agree to stay for the full term of my host institution and not leave before classes are completed.
8. I will complete all papers, take all required examinations, read all texts, and attend all classes as prescribed by my host institution.
9. If housing is provided by a host family or individual, I agree to abide by the policies and standards governing that household.
10. I understand it is my responsibility to prepare all paperwork to obtain passports, visas, and identification cards.

I understand participation in the Kean University Study Abroad Program carries with it standards, requirements, and policies of the host institution, to respect the opinions and interests of all people involved in this endeavor, and in general, to conduct myself in a manner bringing honor to myself and to Kean University.

I certify that I have not, to the best of my knowledge, misrepresented any information supplied in this application.

Signature of the Student \_\_\_\_\_ Date \_\_\_\_\_



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**BILLING AND PROMISSORY NOTE FOR STUDENTS RECEIVING FINANCIAL AID**

Billing for educational expenses (tuition, fees, room, & board) for the Kean University Study Abroad Program is arranged through an agreement with the New Jersey State Consortium for International Studies.

Kean University does not assess bills to Study Abroad students. If you receive any form of financial aid (grants, internal or external scholarships, loans) you must complete the attached promissory note for efficient funds transfer to billing agent (NJSCIS). Failure to sign the agreement will require you to pay the overseas study bill in full by the billing deadline and prior to overseas study as established by NJSCIS.

**STUDY ABROAD PAYMENT AUTHORIZATION**

I hereby authorize Kean University to withhold \$\_\_\_\_\_ from my Student Financial Assistance Package (State and Federal) for the term\_\_\_\_\_ and forward to the New Jersey Sate Consortium for International Studies.

New Jersey State Consortium for International Studies  
International Center  
Robinson 117  
Rowan University  
201 Mullica Hill Road  
Glassboro, NJ 08028 USA

These funds are applied to the costs I incur at the Study Abroad Program.

I certify that I will be attending as a full-time student in the Study Abroad Program. I understand that this disbursement is based on my financial aid awarded to date. I acknowledge that my account will be subsequently reviewed. If there is any change in my financial aid awards, I will receive any additional monies due to me or I will be billed if there is any reduction of my financial aid. If the credits earned and transferred to my transcript at Kean University are less than full- time, I understand that my financial aid awards may be reduced to part-time awards, which would result in a balance due to Kean University.

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Program Director Signature



**Study Abroad Program  
Reference Form**

**Part I. To be completed by applicant.**

Reference submission deadlines:                      February 15 - Fall or Summer Study Abroad  
(Please circle one)    September 30 - Spring Study Abroad

Name of applicant (print): \_\_\_\_\_

Location Abroad: \_\_\_\_\_ Major/Program \_\_\_\_\_

I (agree, do not agree) to waive my right of access to this reference. (Please circle one)

\_\_\_\_\_  
(applicant signature)

Be sure to provide the evaluator with a stamped, addressed envelope and the deadline for submitting the reference form.

**Part II. To be completed by the evaluator.**

The student named above has applied for participation in the Kean University Study Abroad Program. A semester living in an unfamiliar environment can be a demanding experience, requiring organizational skills, self-reliance, and motivation beyond levels expected "at home." Your help in candidly appraising the applicant's strengths and limitation in this regard is greatly appreciated. If the student has signed the waiver above, this will be a confidential recommendation; if not, the student may see this form at a later date.

1. How long and in what capacity have you known the applicant?
  
2. In comparison with other students, how would you rate the applicant in the following areas (leave blank for no opportunity to observe)?

|  | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|--|------------------|-------------|-------------|-------------|
| Competence in major or specialization                    | _____            | _____       | _____       | _____       |
| Academic interest and motivation                         | _____            | _____       | _____       | _____       |
| Capacity for independent study                           | _____            | _____       | _____       | _____       |
| Reliability  | _____            | _____       | _____       | _____       |
| Ability to adapt to new or unstructured<br>Circumstances | _____            | _____       | _____       | _____       |
| Self- confidence or self- esteem                         | _____            | _____       | _____       | _____       |
| Ability to relate well to others                         | _____            | _____       | _____       | _____       |
| Emotional stability                                      | _____            | _____       | _____       | _____       |
| Integrity  | _____            | _____       | _____       | _____       |

3. Describing this student's strengths and limitations, please evaluate this student's chances for a successful overseas experience. Please feel free to attach additional pages if necessary.

\_\_\_\_\_  
 Evaluator's Signature                      Date                      Evaluator's Name (print)

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Thank you for your time and honest appraisal; please return this form directly to:

Donna Lowe Alexander, Coordinator, Study Abroad Program  
 Kean University Center for International Studies  
 1000 Morris Avenue  
 Kean Hall K-225  
 Union, New Jersey 07083

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Center for International Studies  
Study Abroad Program

**NEW JERSEY STATE CONSORTIUM FOR INTERNATIONAL STUDIES**  
**MEDICAL EXAMINATION REPORT**

Name of Applicant \_\_\_\_\_ Program:            (Circle one)  
National or International

Address \_\_\_\_\_

To the examining physician:

The above-named applicant is applying to participate in a study abroad program that may include unusual mental and physical stress as well as significant variation in diet. Please give us your candid professional judgement as to his/her physical and mental health so that we may add this to the data used to evaluate the student's candidacy. (Examination should be within 12 months of proposed program.)

Evaluator:

Family Physician \_\_\_\_\_ Other (specify) \_\_\_\_\_

1. Applicant's general state of health:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

2. To the best of your knowledge, does the applicant have any health problems that either prevent him/her from taking part in a study abroad program or would seriously affect his/her participation in such a program? If "yes" please provide details.

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

3. Does the applicant have any chronic ailment that requires special consideration, treatment or medication? If so, in your judgment, will the applicant experience difficulty receiving this special consideration, treatment, or medication away from home, particularly abroad?

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

4. Is the student currently taking any medications? If so, please list.

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

(Continued on next page)

Physician's Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Please return this form directly to:

Donna Lowe Alexander, Coordinator, Kean Study Abroad Program  
Kean University, Center for International Studies, Kean Hall 225  
1000 Morris Avenue  
Union, New Jersey 07083