



# Bellarmino University

<http://www.bellarmino.edu/international>

## Application to Study Abroad

Please type or print clearly.

Program \_\_\_\_\_

- Summer 20\_\_\_\_  
 Fall 20\_\_\_\_  
 Spring 20\_\_\_\_  
 Academic Year 20\_\_/20\_\_

1. Name (as it appears on your Passport or birth certificate) \_\_\_\_\_ Sex:  male  female  
last (family or surname) first (given) middle or maiden

2. Bellarmine Student ID number: \_\_\_\_\_ BU email: \_\_\_\_\_

Skype Address : \_\_\_\_\_ (for emergencies only) **Please list an alternate email:** \_\_\_\_\_

3. Address as it appears on an envelope, using one line for each line of your address.

Present address (valid until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)  
Month / day / year

Permanent address: (mail will be sent here after date given at left)

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

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

telephone (with area code) \_\_\_\_\_

telephone (with area code) \_\_\_\_\_

4. Person (s) to contact in case of emergency:

Name (s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (with area) \_\_\_\_\_ Email: \_\_\_\_\_

5. If you participate, would you serve as a resource for other students by providing your address, telephone, and email address?  Yes  No

6. Specify the country or countries in which you have citizenship: \_\_\_\_\_ Legal Permanent residence: \_\_\_\_\_

7. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. Place of birth: \_\_\_\_\_  
month / day / year city state or country

9. Do you have any special needs or require special services during your program (i.e., dietary considerations, learning aids, or facilities with handicapped access)?

Yes  No If yes, please describe on a separate sheet.

10. Major field: \_\_\_\_\_ Minor field: \_\_\_\_\_ Completion date \_\_\_\_ / \_\_\_\_  
month year

11. Cumulative GPA \_\_\_\_\_ 12. Principal field (s) of study during exchange: \_\_\_\_\_

13. Indicate the academic level at which you are requesting a study abroad program:

freshmen  sophomore  junior  senior  graduate

14. Indicate the duration for which you are requesting a study abroad program: (check one) Study Program: \_\_\_\_\_

summer  one semester  two semesters Beginning date requested: \_\_\_\_ / \_\_\_\_ Location: \_\_\_\_\_  
month year

15. Indicate who will be providing the International Programs Office with a letter of recommendation outlining your academic and social readiness for participation in a study abroad program.

\_\_\_\_\_  
Name of Professor

\_\_\_\_\_  
phone number

16. I give my permission for Bellarmine University to use pictures and/or quotes regarding my study abroad for promotional purposes.  yes

17. I authorize the Director of the International Programs Office at Bellarmine University to send my official transcripts to prospective host institutions. I understand that official academic records/transcripts of work I undertake at my host institution will be sent to Bellarmine University for issue to me and that there will be no further academic transcripts available from my host university beyond this point.

I attach the application fee. I agree to notify the International Programs office immediately if I no longer want to be considered for study abroad placement. I recognize that withdrawal does not entitle me to a refund of the application fee.

If I accept placement, I agree that:

- I will arrange and pay for a comprehensive international health and accident insurance plan which also includes medical evacuation and repatriation.
- I will take part in all aspects of the program, including orientation and evaluation.
- I will submit a completed participant evaluation of my study abroad experience to the International Programs Office at Bellarmine at the end of my program.
- I will pay to Bellarmine University the designated program fee covering the full period of my placement.
- I will have the status of non-degree student unless I have been admitted to a degree program by my host institution.
- My placement will be limited to the period specified. An extension request is subject to review and approval by Bellarmine University and host institutions.
- My placement may be terminated by Bellarmine or my host institution if I fail to remain enrolled full time at my host institution, fail to maintain minimum academic standards as defined by Bellarmine University or host institution or am found by Bellarmine or host institution to be in violation of laws or regulations of my host country or institution.
- If I withdraw from the program anytime after accepting the placement, or if my placement is terminated after I arrive at my host institution:
  - a) I may still be obligated to pay the full program fee at the discretion of my home institution in collaboration and agreement with my host institution.
  - b) I will forfeit my right to receive benefits as a study abroad participant and must reimburse my host institution for any money advanced to me to cover benefits after the date of my withdrawal or termination.
  - c) I will still be obligated to pay the application fee.

Bellarmino University seeks to ensure that benefits and services outlined in the terms of agreements between institutions are provided by institutions cooperating with Bellarmine University and shall seek to correct any inadequacies brought to its attention.

I acknowledge that all statements in this application are complete and accurate to the best of my ability. I have read and understand the terms and conditions of undertaking a study abroad program. I AM AWARE THAT IT IS MY RESPONSIBILITY TO OBTAIN ALL VISAS AND TO ARRANGE FINANCIAL AID, AIR TRAVEL, AS WELL AS PAY ANY TUITION, ROOM, BOARD AND FEES AS OUTLINED IN THE EXCHANGE AGREEMENTS BETWEEN BELLARMINE UNIVERSITY AND MY HOST INSTITUTION/ PROGRAM.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's name (type or print)

#### To Be Completed by the Director of the International Programs Office

18. \_\_\_\_\_ has been (please check one)  
(student name)

- unconditionally selected by this institution for participation in a study abroad program at \_\_\_\_\_
- selected by this institution for participation in a study abroad program, if the following condition(s) are met:

19. The International Programs Office has reviewed the complete application and discussed it with the applicant. I support this nomination.

\_\_\_\_\_  
International Programs Director's signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Date