

Study Abroad Admission for non-WU student participants

International Programs Washburn University



**Office of International Programs
Washburn University
1700 SW College Avenue
Topeka, Kansas 66621, USA**

**Tel. 785-670-1051
Fax 785-670-1067**

**<http://www.washburn.edu/iip>
E-mail: studyabroad@washburn.edu**

(rev. 01/13/2012)

Study Abroad Application Instructions for non-WU student participants

Washburn University • Office of International Programs

1700 SW College Ave. • Topeka, KS 66621

Phone (785) 670-1051 • Fax (785) 670-1067

studyabroad@washburn.edu

www.washburn.edu/iip

Priority Dates: Winter & Spring = October 15 Spring Break = Feb 1 Fall & Summer = March 1

A COMPLETE Washburn University Study Abroad Application Consists Of:

1. **Complete WU Non-Degree Seeking Application:** <http://www.washburn.edu/main/admissions/index.html>

There is no fee to apply as a non-degree seeking student. First time users will create an account to complete the process online. All participants on WU programs will complete admission to Washburn University to obtain a Washburn identification number and student account. All program fees will be posted to the WU student account. Payments can be made in the WU Business Office Morgan Hall 205 or online through the iBod account.

2. **Completed Study Abroad/Applicant Profile**

3. **Completed Insurance Registration Form**

- All participants in WU study abroad programs are required to enroll in the Washburn University Study Abroad Insurance Plan.

4. **Two Letters of Academic Reference from University Faculty**

- Collect the finished references in sealed envelopes and submit to the Office of International Programs.

5. **Signed Information Consent and Release Form**

6. **Official Transcript**

- Non-WU students must submit an Official transcript in an envelope sealed by your institutional registrar.

7. **\$75 Application Fee Payable to Washburn University (non-refundable)**

- Make check payable to Washburn University
- The fee includes application and processing fees and covers up to 30 days of WU Study Abroad Insurance including Emergency Medical Evacuation & Repatriation. An additional \$1.00 a day for insurance coverage will be charged for programs beyond 30 days in length.

8. **Medical Release** available from Washburn University's Student Health Services or you may request a letter from your personal physician.

9. **Copy of Passport**

- If you do not have a passport, you can obtain an application form online to **Apply Now (current processing time is 3-6 weeks):** [http://travel.state.gov/passport/index.html/](http://travel.state.gov/passport/index.html) You can process the application at the Downtown or North Topeka Post Office. Call (785) 295-9160 for more information.
- Once you receive your passport, sign it and make a copy of it to turn in to the International Programs Office. If you already have a passport, please turn in a copy with your application. Passports should be valid for at least 6 months after your anticipated return date.

10. **Statement of Purpose**

- (250 word minimum) statement of purpose explaining your reasons for wanting to study abroad.

Additional Information and Requirements:

Minimum Requirements

At the time the application is submitted all study abroad participants must be in good standing. If you are a student you must and have completed a minimum of 12 hrs. of university study and have an average letter grade of "C". However, some programs have higher GPA and/or additional eligibility requirements. Students on academic probation may not participate.

Passport

You may be in the process of applying for your passport when you submit this application. Please be aware the processing time can be up to six weeks.

Visa Requirements

Semester and year-long programs will require a student visa for your country of study. This normally requires additional paperwork, fees, passport photos and in some cases travel to the nearest Consulate. Visit with the Study Abroad Coordinator for specific requirements.

Travelers Insurance

To cover trip cancellation, lost luggage, etc. This insurance is optional but strongly recommended. Contact the IP Office or your travel agent if you are interested in adding this additional protection.

Attend Orientation

All participants accepted to a program **must attend an orientation session as a condition of participation.**

Update Contact Information

The WU International Programs Office uses **E-MAIL, PHONE AND CURRENT ADDRESS** to deliver critical information and materials to applicants and participants. Applicants who do not keep IP Office updated are in jeopardy of missing critical information, which may mean losing a place in the program. It is your responsibility to submit changes in your (or your emergency contact's) e-mail, postal address or phone number to the OIP in the International House **IN WRITING.**

Withdrawal

Participants who want to withdraw their application for any reason or want to withdraw from a program while abroad must do so **IN WRITING.**

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ACCEPTANCE.

PLEASE SUBMIT ALL SUPPORT APPLICATION MATERIALS IN A MANILA ENVELOPE OR FOLDER TO THE INTERNATIONAL PROGRAMS OFFICE, INTERNATIONAL HOUSE, WASHBURN UNIVERSITY, 1700 COLLEGE AVENUE, TOPEKA, KS 66621.

Study Abroad Applicant Profile

Washburn University • Office of International Programs
1700 SW College Ave. • Topeka, KS 66621
Phone (785) 670-1051 • Fax (785) 670-1067
studyabroad@washburn.edu
www.washburn.edu/iip

For Office Use only
Date Received: _____
IPDB <input type="checkbox"/>

Priority Dates: Winter & Spring = October 15

Fall and Summer = March 1

Program to which you are applying:

Name of program/university: _____

City and Country of program: _____

Departure Date: _____ Return Date: _____
(mo/day/year) (mo/day/year)

Term/Year

- Spring _____
 Summer _____
 Fall _____
 Academic Year
Fall ____ - Spring ____

Personal Data:

Last name First name Middle name

Citizenship: US Citizen Other _____

If you are not a US citizen what is your residency status, or visa type? _____

Current address:

Valid until ___/___/___

(____) _____
Telephone

(____) _____
Cell phone

Street

City, State, zip code

Email where you can be reached

Permanent address:

Where mail will always reach you

(____) _____
Telephone

Street

City, State, Zip code

Emergency Contact(s)

Person who will always be available

Name(s)

Relationship to you

(____) _____
Telephone

Street

Email

Academic Data:

Institution where you are currently enrolled

Current: Fr So Jr
 4th 5th Grad Other

Major

School/College

Secondary major or minor (if applicable)

School/College

_____ as of _____ / _____
GPA semester/year

_____ _____
Hours completed by start of program Expected grad. Date (sem/yr)

Have you studied abroad previously? Yes No

If yes, please explain

Languages studied and number of years of training?

Agreement:

I affirm that the information given in this application is true and correct to the best of my knowledge. I understand that if my application is approved, I will attend pre-departure orientation. I understand the Application Fee is non –refundable. I authorize WU to publish my name and/or photo and give WU, and all persons or entities acting pursuant to WU’s permission or authority, all rights to use my name and/or photo. I understand that my name and/or photo may be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connection therewith.

Name of applicant

Signature of applicant

Date

Study Abroad Academic Reference Letter Form

Washburn University • Office of International Programs

1700 SW College Ave. • Topeka, KS 66621

Phone (785) 670-1051 • Fax (785) 670-1067

studyabroad@washburn.edu • www.washburn.edu/iip

Applicant: Please complete this portion of the recommendation form and give it to a WU faculty member who has agreed to write a reference for you.

Last name

First name

Middle Initial

WIN number

Program for which you are applying

City, Country

Fall 20__ Spring 20__ Academic Year 20__-20__ Summer 20__ Semester of enrollment

Under the U.S. federal law (section 438 of Public Law 90-247, as amended), students are permitted access to certain educational records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that recommendations may have greater effect when written in confidence. If you waive your right to inspect the information in this form, please sign below.

X _____

Applicant signature (optional)

Date

Dear Faculty Member:

Thank you for agreeing to complete this reference form. The student named above has applied for a WU study abroad program and/or scholarship. Acceptance to this program is based on academic ability as well as maturity. It is important to the student and to the University that we select only those students who are most likely to succeed in and benefit from this program. We appreciate your opinion as you answer the following questions.

If you would rather write a letter of reference, please use this form as a guide in providing the information we feel necessary in helping us make admission decisions. The student's application cannot be processed until the references are received. We would appreciate receiving your response as soon as possible. Please either return the form to the student in a sealed envelope or mail it to:

Office of International Programs

Washburn University

1700 SW College Avenue

Topeka, Kansas 66621

Applicant name: _____ **WIN** _____

A. How long and in what capacity have you known the applicant?

B. Please indicate the applicant’s ability and competence in the following areas in comparison with other individuals whom you have at similar stages in their academic careers.

	Excellent	Good	Average	Below Average	Unknown
Knowledge in area of specialization					
Ability to express thoughts in speech and writing					
Self-assured and independent					
Ability to plan and carry out independent study					
Academic potential					
Emotionally mature					
Socially mature					
Cooperative					
Respect for other cultures					
Well-mannered					

C. Language Ability If applicable, if not please move to section D.

Please indicate your opinion of the applicant's present language ability in each of the following categories:

	None	Limited, basic ability	Intermediate, some consistency	Advanced, can use complex structures
Listening ability				
Speaking ability				
Reading ability				
Writing ability				

D. Comments

Please check the statement that most accurately reflects your opinion regarding this applicant.

_____ The student has my strong recommendation.

_____ I cannot recommend this student for the program.

_____ I have minor reservations, but am willing to recommend this student with the following reservations:

You may attach a sheet if necessary to make any additional comments related to the applicant's qualifications for the program for which you feel may affect a successful study abroad experience.

X _____
Signature

Date

Name (please print or type)

Position/Title

Department/School

Institution, City, State

Email

Thank You!

Study Abroad Academic Reference Letter Form

Washburn University • Office of International Programs

1700 SW College Ave. • Topeka, KS 66621

Phone (785) 670-1051 • Fax (785) 670-1067

studyabroad@washburn.edu • www.washburn.edu/iip

Applicant: Please complete this portion of the recommendation form and give it to a WU faculty member who has agreed to write a reference for you.

Last name

First name

Middle Initial

WIN number

Program for which you are applying

City, Country

Fall 20__ Spring 20__ Academic Year 20__-20__ Summer 20__ Semester of enrollment

Under the U.S. federal law (section 438 of Public Law 90-247, as amended), students are permitted access to certain educational records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that recommendations may have greater effect when written in confidence. If you waive your right to inspect the information in this form, please sign below.

X _____

Applicant signature (optional)

Date

Dear Faculty Member:

Thank you for agreeing to complete this reference form. The student named above has applied for a WU study abroad program and/or scholarship. Acceptance to this program is based on academic ability as well as maturity. It is important to the student and to the University that we select only those students who are most likely to succeed in and benefit from this program. We appreciate your opinion as you answer the following questions.

If you would rather write a letter of reference, please use this form as a guide in providing the information we feel necessary in helping us make admission decisions. The student's application cannot be processed until the references are received. We would appreciate receiving your response as soon as possible. Please either return the form to the student in a sealed envelope or mail it to:

Office of International Programs

Washburn University

1700 SW College Avenue

Topeka, Kansas 66621

Applicant name: _____ **WIN** _____

A. How long and in what capacity have you known the applicant?

B. Please indicate the applicant’s ability and competence in the following areas in comparison with other individuals whom you have at similar stages in their academic careers.

	Excellent	Good	Average	Below Average	Unknown
Knowledge in area of specialization					
Ability to express thoughts in speech and writing					
Self-assured and independent					
Ability to plan and carry out independent study					
Academic potential					
Emotionally mature					
Socially mature					
Cooperative					
Respect for other cultures					
Well-mannered					

C. Language Ability If applicable, if not please move to section D.

Please indicate your opinion of the applicant's present language ability in each of the following categories:

	None	Limited, basic ability	Intermediate, some consistency	Advanced, can use complex structures
Listening ability				
Speaking ability				
Reading ability				
Writing ability				

D. Comments

Please check the statement that most accurately reflects your opinion regarding this applicant.

- _____ The student has my strong recommendation.
 _____ I cannot recommend this student for the program.
 _____ I have minor reservations, but am willing to recommend this student with the following reservations:

You may attach a sheet if necessary to make any additional comments related to the applicant's qualifications for the program for which you feel may affect a successful study abroad experience.

X _____
 Signature

 Date

 Name (please print or type)

 Position/Title

 Department/School

 Institution, City, State

 Email

Thank You!

Study Abroad Consent and Release Form

Washburn University • Office of International Programs
1700 SW College Ave. • Topeka, KS 66621
Phone (785) 670-1051 • Fax (785) 670-1067
international@washburn.edu
www.washburn.edu/iip

I, _____ will be participating in a cross-cultural student abroad program (“Program”) in _____
For the _____ term.

I agree my participation in the Program is entirely voluntary and at my request and initiation. In consideration of my participation in the Program, I agree as follows:

1. Risks of Study Abroad

I understand and agree my participation in the Program involves risks not found in study at Washburn University. These risks include, but are not limited to: traveling to and within, and returning from, one or more foreign countries; foreign, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; risks of injury, permanent disability or death; property damage and economic loss; natural disasters, civil unrest or hostilities; and terrorist activities or acts of war.

2. Independent Activity

I understand and agree that neither the University, the host institution or faculty of either institution will be supervising me at times when classes or activities within the Program are not in session and that I will have the opportunity and the right to engage in independent activities, including travel. I understand and agree risks referred to above in section 1 are also associated with any independent activities in which I may engage.

3. Institutional Arrangements

I understand and agree the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organization or other provider of goods or services involved in the program. I also understand and agree the University is not responsible for matters, which are beyond its control.

4. Health and Health Insurance, Property Insurance, Medial Evacuation and Repatriation Insurance.

a. Health. I have consulted with a medical doctor with respect to my personal medical needs. I am aware of all applicable personal medical needs. I understand and agree I am personally responsible for payment of medical costs while participating in the Program and that the University is not obligated to attend to any of my medical or medication needs. I also understand and agree the standard of health care in a foreign county may not be of the same quality and type as available in the United States.

- b. Insurance. I understand and agree I have been advised to procure policies of insurance to:
- (i) provide payment for medical treatment and medication while participating in the Program;
 - (ii) provide compensation for property damage, loss of property and /or other economic loss while participating in the program;
 - (iii) provide for arranging and payment for medical evacuation to the United States in the event of serious illness or injury; and,
 - (iv) provide for the repatriation of my remains in the event of my demise.

5. Standards of Conduct

I understand and agree each foreign has its own laws and acceptable standards of conduct, including dress, manners, moral, politics, alcohol, drug use and behavior. I understand and agree that behavior or conduct violating those laws or standards could be harmful to my own health and safety and could result in legal action against me under applicable law of such nation. I further agree that, in event my behavior or conduct shall subject me to legal action or I have or develop legal problems with any foreign national or foreign government, I shall be solely responsible for arranging and paying for any legal expenses association with such actions.

6. Assumption of Risks and Release

With full knowledge of the risks associated with travel to, from and within foreign countries and participation in the Program as outlined above in sections 1 and 2, I, for myself, my family, heirs, legal and personal representatives knowingly and voluntarily assume the risks and responsibilities associated with my participation in the Program and for my travel to and presence in foreign countries. Further, I agree, for myself, my family, and heirs, legal and personal representatives to release, indemnify and hold harmless Washburn University of Topeka, its Board of Regents, officers, agents, representatives employees and its successors and assigns from and against any and all loss, cost, damage, arising out of my participation in the Program including, but not limited to travel to, from and within any foreign country.

I have carefully read this Informed Consent and Release before signing it. No representations, statements or inducements, written or oral, apart from the foregoing written statement have been made.

Name of applicant

Signature of applicant

Date