

# **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: [international@washburn.edu](mailto:international@washburn.edu)**

## Study Abroad Application Instructions

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

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

**A COMPLETE Washburn University Application Consists Of:**

- 1. **Completed Study Abroad/Applicant Profile**
- 2. **Completed Insurance Registration/Payment Form (attached)**
  - All students participating in WU study abroad programs are required to enroll in the Washburn University Study Abroad Insurance Plan.
- 3. **Two Letters of Reference**
  - Reference forms are attached. Collect the finished references in sealed envelopes.
- 4. **Signed Information Consent and Release Form (attached)**
- 5. **Transcript**
  - WU students may print a copy of their transcript from My Washburn. **Non-WU students must submit an Official transcript in an envelope sealed by your institutional registrar.**
- 6. **\$50 Application Fee Payable to Washburn University (non-refundable)**
  - Check or money order should be made payable to Washburn University.
  - Write your WIN number, program and name in the memo line.
  - The fee includes application and processing fees and covers up to 30 days of WU Study Abroad Insurance including Emergency Medical Evacuation & Repatriation. Students will be charged an additional \$1.00 a day for programs beyond 30 days in length.
- 7. **Medical Release** from Washburn University's Student Health Services or a letter from your personal physician stating you are physical able to study abroad. The letter must be on the Doctor's office letter head.
- 8. **Copy of Passport**
  - If you do not have a passport, you can obtain an application form online. Apply Now (current processing time is 4-6 weeks): <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.

## **Additional Information and Requirements:**

### **Minimum Requirements**

All WU study abroad participants must be in good standing and have completed a minimum of 12 hours with an average letter grade of “C”. However, some programs have higher GPA and/or additional eligibility requirements. Students on academic probation may not participate. Students may not participate in a program that departs after graduation. Students receiving academic credit must work with an accredited institution. Students may not travel to a country with a US State Department Warning.

### **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 months.

### **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. Talk to your Study Abroad Advisor 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 WU students accepted to a program **must attend an orientation session as a condition of participation or make alternate arrangements with the Study Abroad coordinator to review the information.**

### **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 IP Office in the International House **IN WRITING**.

### **Withdrawal**

Students 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 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  
[international@washburn.edu](mailto:international@washburn.edu)  
[www.washburn.edu/iip](http://www.washburn.edu/iip)

### For Office Use only

Date Received:

IPDB

**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  
 4<sup>th</sup>  5<sup>th</sup>  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, submit a brief report and participate in promotional events for study abroad after returning to WU. I understand the \$50 Application Fee is non –refundable.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Insurance Registration/Payment Form

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[international@washburn.edu](mailto:international@washburn.edu)  
[www.washburn.edu/iip](http://www.washburn.edu/iip)

All students participating in WU study abroad programs are required to enroll in the Washburn University Study Abroad Insurance Plan. By completing the form below you will automatically be enrolled for a maximum of 30 days in the WU Study Abroad Insurance Plan which includes Health and Emergency Medical Evacuation and Repatriation Insurance. For programs that extend beyond 30 days you will pay an additional \$1.00 a day. A copy of the policy is available in the International Programs Office and will be provided in the Study Abroad Orientation Packet you will receive before your departure.

Insurance Type	Cost
WU Study Abroad Insurance Plan Includes Health and Emergency Medical Evacuation and Repatriation Insurance	No cost for programs up to 30 days.
	\$1.00 a day for programs beyond 30 days in length

**Complete the following information to be enrolled in the required WU Study Abroad Insurance Plan.**

Name \_\_\_\_\_ Program Abroad \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

I will need to be insured from \_\_\_\_\_ until \_\_\_\_\_  
Departure date (mo./day/year)      Return date (mo./day/year)

Total number of days of coverage \_\_\_\_\_  
Minus - 30 (number of days automatically covered)

Total amount due \$ \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If the dates of your travel change you are responsible for contacting the Insurance Company to make the necessary changes. You may also purchase this insurance plan for non school supervised extensions of your Study Abroad program for a maximum of 8 weeks at the rate of \$1.00 a day. Contact TW Lord Associates at: 1-800-633-2360.

## Study Abroad Reference Letter Form

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**Part 1: To be completed by student**

\_\_\_\_\_

Last name
First name
Middle name
WIN number

\_\_\_\_\_

Name of program
City, Country

Fall 20\_\_  Spring 20\_\_  Academic Year 20\_\_-20\_\_  Summer 20\_\_ Semester of enrollment

**To the applicant:** 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

**Part 2: To be completed by Referring Individual:**

Students participating on study abroad programs are chosen on the basis of their academic records, personal qualifications and evaluations by professors. Because a cooperative spirit and an awareness of his/her position as a representative of the university are necessary for study abroad, please indicate how you think this applicant will make use of an academic opportunity abroad, taking into consideration his/her character, adaptability, stability and academic competence in comparison with other students at similar stages in their careers.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. General Preparation**

	Excellent	Good	Fair	Poor	Unknown
Articulateness in speech and writing					
Adaptability					
Ability to work independently					
Academic potential					
Emotional stability					
Maturity					
Self-discipline and self-reliance					
Ability to get along with others					
Respect for other cultures					

**C. Comments**

Please comment as specifically as possible on the applicant in terms of the following:

1. Academic suitability for studying abroad
2. Personal suitability for living abroad
3. Known weaknesses relevant to studying abroad
4. Linguistic preparation, if applicable
5. Any other factors for which you believe may affect a successful study abroad experience

**Instructor Information**

<u>X</u> _____		_____
Signature		Date
_____		_____
Name (please print or type)	Position/Title	Department/School
_____		_____
Institution, City, State		Email

*Please return this form to the student in a sealed envelope to be turned in with their completed application or send to:  
The International Programs Office, Washburn University, 1700 SW College Ave., Topeka, Ks, 66621, 785.670.1051. Fax 785.670.1067*

## Study Abroad Reference Letter Form

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### Part 1: To be completed by student

\_\_\_\_\_  
Last name                      First name                      Middle name                      WIN number

\_\_\_\_\_  
Name of program                      City, Country

Fall 20\_\_  Spring 20\_\_  Academic Year 20\_\_-20\_\_  Summer 20\_\_ Semester of enrollment

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X \_\_\_\_\_  
Applicant signature (optional)                      Date

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

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

#### B. General Preparation

	Excellent	Good	Fair	Poor	Unknown
Articulateness in speech and writing					
Adaptability					
Ability to work independently					
Academic potential					
Emotional stability					
Maturity					
Self-discipline and self-reliance					
Ability to get along with others					
Respect for other cultures					

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Please comment as specifically as possible on the applicant in terms of the following:

1. Academic suitability for studying abroad
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3. Known weaknesses relevant to studying abroad
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5. Any other factors for which you believe may affect a successful study abroad experience

### Instructor Information

X _____	_____
Signature	Date
_____	_____
Name (please print or type)	Department/School
_____	_____
Institution, City, State	Email

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## Study Abroad Consent and Release Form

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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.

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Name of applicant

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Signature of applicant

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Date