

# CASE WESTERN RESERVE UNIVERSITY STUDY ABROAD PROGRAM APPLICATION

## FORM 1

FOR OFFICE USE ONLY:

APPROVED  \_\_\_/\_\_\_/\_\_\_

NOT APPROVED  \_\_\_/\_\_\_/\_\_\_

STUDY ABROAD ADVISER:  
\_\_\_\_\_

### PERSONAL INFORMATION

Mr./Ms. First Name Middle Name Last Name

S.S.# E-Mail

Campus Street Address Permanent Street Address

City, State Zip Code City, State Zip Code

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Campus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Entered Case: Fall 20\_\_\_ Spring 20\_\_\_ as a freshmen  as a transfer  Date of Graduation: \_\_\_\_\_

For non-U.S. Citizens: VISA Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ACADEMIC INFORMATION

Declared major(s) Adviser(s)

Cumulative G.P.A.: \_\_\_\_\_ Hours earned at the end of the current semester: \_\_\_\_\_

General Education and Core requirements yet to be completed: \_\_\_\_\_

### STUDY ABROAD PROGRAM INFORMATION

Proposed country of study, university, & program (if any, i.e.: Butler, IES, CIEE, etc.) Application Deadline Date

Program format: Exchange  Non-Exchange

Length of program: Full year 20\_\_\_ Spring semester 20\_\_\_ Fall semester 20\_\_\_ (circle one)

Date Leaving: \_\_\_/\_\_\_/\_\_\_ Date Returning: \_\_\_/\_\_\_/\_\_\_

Language skills: \_\_\_\_\_

Previous Overseas Experience: \_\_\_\_\_

Please indicate any special arrangements you may need to accommodate a disability.  
\_\_\_\_\_

(OVER)

**CASE WESTERN RESERVE UNIVERSITY**  
**STUDY ABROAD PROGRAM APPLICATION (cont.)**

**CONTACT INFORMATION**

If you participate in study abroad:

Emergency Contact (person that Case Western Reserve University may release information to during your absence)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

May Case Western Reserve University release your name and address to present or potential study abroad participants?

YES  NO

**STATEMENT OF PURPOSE**

Please write about your reasons for wanting to study abroad, and how the program you have chosen fits into your academic plan at Case (please attach additional sheet).

**DISCIPLINARY ACTION**

Have you ever been subject to disciplinary action?

In Housing: YES NO

Other: YES NO

If Yes, please describe below:

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- I have received and read a copy of the Study Abroad general information sheet
- I have discussed my proposed program with and received approval from my adviser(s).
- I understand that to be eligible for a Case degree, I must complete at least 60 hours in residence, with 30 of these hours to be completed after having achieved senior status.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CASE WESTERN RESERVE UNIVERSITY**

**JUNIOR YEAR ABROAD PARENTAL/GUARDIAN CONSENT FORM**

Student's last name: \_\_\_\_\_

Student's first name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

I, the undersigned, acknowledge my awareness of the above-named student's application for Junior Year Abroad, have read the program's general information sheet and grant my approval for his/her participation.

\_\_\_\_\_  
parent or legal guardian's signature                      date

\_\_\_\_\_  
parent or legal guardian's name (printed)

**PROGRAM INFORMATION**

Name of Program or University: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

**CASE WESTERN RESERVE UNIVERSITY**  
**JUNIOR YEAR ABROAD APPLICATION**

**Form 3**

**ACADEMIC ADVISER/FACULTY RECOMMENDATION FORM**

Name of Applicant \_\_\_\_\_

For Study In \_\_\_\_\_  
 (Program/University) (Country)

Reference Requested From \_\_\_\_\_  
 (Name) (Department)

**SECTION TO BE COMPLETED BY ADVISER**

- How long and in what capacity have you known the applicant? \_\_\_\_\_  
 \_\_\_\_\_
- Please check each line at the appropriate point on the scale to indicate the applicant's rating on the various attributes listed. Please use Case students as a reference group.

No Basis for Judgement	Oustanding (tops 5%)	Excellent (top10%)	Good	Average	Below Average
Academic motivation, industry, persistence					
Ability to work independently					
Ability to work with others					
Analytical Ability					
Communication skills - oral					
Communication skills - written					
Self-Confidence					
Emotional Maturity					
Adaptability					
Concern for others					
Energy					
Personal initiative					

- Please use this space and the back of this form to make any additional comments you want to make concerning the applicant's qualifications for study abroad in the chosen program/university. (Attach an additional sheet if necessary.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Please check the statement that you feel most accurately reflects your opinion of this student's suitability for the program.  
 \_\_\_\_\_ The student has my strong recommendation  
 \_\_\_\_\_ I cannot recommend this student for the program  
 \_\_\_\_\_ I have minor reservations, but am willing to recommend the student

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Campus Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 E-Mail

## JUNIOR YEAR ABROAD Course Approval Form

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

University/Program Abroad \_\_\_\_\_ Country \_\_\_\_\_

Length of Time Abroad (please complete one)      Fall 20\_\_\_\_ Spring 20\_\_\_\_  
Year 20\_\_\_\_ - 20\_\_\_\_

Major at Case \_\_\_\_\_ Case Major Adviser \_\_\_\_\_

Minor at Case \_\_\_\_\_ Case Minor Adviser \_\_\_\_\_

### Instructions:

Please discuss your proposed schedule with your advisor(s). Ask your advisor(s) to determine how the courses taken abroad will transfer to Case\*. You will make your final course selection at the institution abroad based upon this agreement. Once overseas, if you wish to take courses or subjects not listed on this form, please contact Dean Robinson (e-mail: mxr5) or Claudia Anderson (e-mail: cca2) in the Office of Undergraduate Studies. If you take course which do not fulfill major or minor requirements, and/or have not been pre-approved, please remember to bring back all materials which may help in the evaluation process (i.e. course syllabi, class notes, papers, course descriptions, etc.). It is strongly recommended that you return with documents for all courses completed (including those that have been pre-approved) should questions arise concerning the course content.

*\* Any course not in your department, but being used for your major (e.g. physics courses for a biology major) also needs an approval signature from the corresponding Case department chair or representative.*

**PROPOSED COURSE SCHEDULE** (Please note: this section must be completed prior to student's departure.)

Course To Be Taken Abroad	Case Equivalent Course	Corresponding Dept. Chair or Rep. Signature * (for courses outside major dept.)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

- 4. \_\_\_\_\_ 4. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 5. \_\_\_\_\_ 5. \_\_\_\_\_
- 6. \_\_\_\_\_ 6. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 7. \_\_\_\_\_ 7. \_\_\_\_\_
- 8. \_\_\_\_\_ 8. \_\_\_\_\_ 8. \_\_\_\_\_
- 9. \_\_\_\_\_ 9. \_\_\_\_\_ 9. \_\_\_\_\_
- 10. \_\_\_\_\_ 10. \_\_\_\_\_ 10. \_\_\_\_\_

I have discussed study abroad plans with this student. My signature indicates departmental approval of the proposed schedule.

**MAJOR ADVISER** \_\_\_\_\_ DATE \_\_\_\_\_

NAME (please print) \_\_\_\_\_ DEPT \_\_\_\_\_

**MINOR ADVISER** \_\_\_\_\_ DATE \_\_\_\_\_

NAME (please print) \_\_\_\_\_ DEPT \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_