

CASE WESTERN RESERVE UNIVERSITY STUDY ABROAD PROGRAM APPLICATION

FOR OFFICE USE ONLY:

APPROVED __/__/__

NOT APPROVED __/__/__

Judicial Affairs __/__/__

Study Abroad Advisor: _____

PERSONAL INFORMATION

Mr./Ms. First Name Middle Name Last Name

CWRU Student ID # E-Mail

On Campus Street Address Permanent Street Address

City, State Zip Code City, State Zip Code

Date of Birth: __/__/____ Campus/Cell Phone: _____ Home Phone: _____

Entered Case: Fall 20__ Spring 20__ as a First Year as a Transfer Graduation Date: _____

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

Ethnicity/Race: African-American ___ American Indian/Alaskan Native ___ Asian/Pacific Islander ___
Hispanic ___ Multiracial/Other ___

Are you a dependent of a Case Western Reserve University employee and eligible for a tuition fee waiver? _____

ACADEMIC INFORMATION

Declared major(s) Adviser(s)

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

Please indicate whether Pre-med, Pre-dent, or Pre-law major: _____

STUDY ABROAD PROGRAM INFORMATION

University/Program Provider (i.e. IFSA-Butler, IES, CIEE, etc.) /Country Application Deadline Date

Length of program: Full year 20__ Spring semester 20__ Fall semester 20__ Summer semester 20__

Date Leaving: __/__/____ Approximate Return Date: __/__/____

Language skills: _____

Previous Overseas Experience:

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

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, how the program you have chosen fits into your academic plan at CWRU, and why you have chosen the timeframe you selected i.e. why Fall not Spring, or why one semester not two. (please attach additional sheet).

DISCIPLINARY ACTION

Have you ever been subject to disciplinary action? Please check either YES or NO. **Both** questions must be answered.

1) In Housing: YES NO

2) Other: YES NO

If Yes, please describe below:

- 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 CWRU degree, I must complete at least **60 hours in residence, with 30 of these hours to be completed after having achieved senior status** (note: these requirements will not be waived under any circumstances).

Candidate's Signature _____ Date _____

CASE WESTERN RESERVE UNIVERSITY

STUDY ABROAD PARENTAL/GUARDIAN NOTIFICATION FORM

Student's last name: _____

Student's first name: _____

Student ID Number: _____

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

_____ date

parent or legal guardian's signature

_____ parent or legal guardian's name (printed)

UNIVERSITY or PROGRAM INFORMATION

Name of Program Provider or University Abroad:

Address: _____

Phone: _____

Fax: _____

Contact: _____

Contact's email address: _____

CASE WESTERN RESERVE UNIVERSITY
STUDY ABROAD APPLICATION

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 CWRU students as a reference group.

No Basis for Judgement	Outstanding (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

Name (please print) Title e

Signature E-Mail address/Phone

CASE WESTERN RESERVE UNIVERSITY
STUDY ABROAD APPLICATION

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

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

4. Please check each line at the appropriate point on the scale to indicate the applicant's rating on the various attributes listed. Please use CWRU 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					

5. 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.)

6. 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

Name (please print) Title e

Signature E-Mail address/Phone

STUDY ABROAD Course Approval Form

Name: _____ Student ID #: _____

Local Address: _____ Phone: _____ E-mail _____

University/Program Abroad _____ Country _____

Length of Time Abroad: Fall Semester 20____ or Spring Semester 20____
Year: Fall Semester 20____ to Spring Semester 20____

Major at CWRU _____ CWRU Major Adviser _____

Minor at CWRU _____ CWRU 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 CWRU*. 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 faculty in the corresponding departments at CWRU. Dean Anderson (cca2@case.edu) should be copied in all emails which refer to the awarding of transfer credit. If you take courses 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 CWRU department chair or representative. If the course you wish to take does not have a corresponding department at CWRU (i.e. Celtic Studies), please contact Dean Anderson at cca2@case.edu*

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/minor 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 ADVISOR _____ DATE _____

NAME (please print) _____ DEPT _____

MINOR ADVISOR _____ DATE _____

NAME (please print) _____ DEPT _____

Additional Comments: _____
