

Purdue University Fort Wayne Study Abroad Application

Type or print legibly. Return to the Office of International Education,
WB G042 - studyabroad@pfw.edu

Personal Information				
Name (last, first, middle)				Date:
Date of Birth (mm/dd/yyyy)	Gender	Country of Citizenship	Visa Status (if not U. S. Citizen)	Race/Ethnicity
Student ID #		Passport # (if available):		
Current/Local Address		Permanent Address		
School Email Address	Alternate Email Address		Phone	
Academic Information				
Academic standing while abroad (select one) Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other				
Major(s)				
Minor(s)				
Advisor Name:				
Expected Graduation Date		Cumulative GPA <small>Note: Minimum 2.5 for all programs, 2.75 for ISEP, and some programs requirements may be higher.</small>		
Financial Information				
Tuition Status <input type="checkbox"/> Indiana Resident <input type="checkbox"/> Non-Resident		List any sources of Financial Aid (Names of Loans/Scholarships)		
Program Information: Interests and Requirements				
Term(s) interested: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring20____ <input type="checkbox"/> Summer20____ <input type="checkbox"/> Academic Year20____-20____ <input type="checkbox"/> Other				
Foreign Language Ability and highest level taken before studying abroad ex) French, 4 semesters, FREN 204		List specific course requirements or general subjects:		
Program Information: (Can be added at a later date)				
Study Abroad Program Name		Study Abroad Program Country		Study Abroad Program City
Sponsoring Institution or Agency (i.e. Indiana University/ ISEP/ CIS)				
Dates of Program when known_____				

Emergency Contact Information

Name	Relationship
Address	Cell Phone

Certification

Are you currently on academic probation Yes No or under any disciplinary sanction by the University? Yes No
As part of the application process, current academic and disciplinary standing will be reviewed. Failure to indicate probationary status will result in withdrawal of support for an application. Students on academic or discipline probation at any time during application, before leaving for the program, or while abroad are ineligible to study abroad.

May the Office of International Education release your name and email address to other present/potential study abroad participants? Yes No

May the Office of International Education provide information related to your study abroad program to the person listed as your emergency contact? Yes No

May the Office of International Education provide your name and email address to study abroad programs such as ISEP, etc. so they can contact you for further information? Yes No

I certify that the information provided in this application is complete and correct to the best of my knowledge. I understand that any action on this application is contingent on review of all of my grades until the time of departure for the program. I further understand that, if I incur a disciplinary sanction prior to my departure overseas, this may result in the withdrawal of support for my application. I understand that the application process may include supplementary materials, which I agree to complete promptly. If accepted, I will participate in all required orientations and complete all evaluations. I authorize the Office of International Education to forward my transcripts to the overseas studies program(s) to which I am applying. I hereby authorize the release of materials and academic records to the PFW Office of International Education and its partnership institutions, as needed, for processing of my candidacy for study abroad. Finally, I authorize the Office of International Education to release any information deemed relevant to my health and/or safety.

Student Signature: _____

Date: _____

Photography Release

I hereby fully release the use of my photograph(s) to Purdue University Fort Wayne. The photographs may be used without restriction for the benefit of Purdue University Fort Wayne in any and all publications and or on the website. I grant to Purdue University Fort Wayne all rights to use the photograph(s) including, without limitation to the right to print, publish, display publicly, distribute and sell drawing or prints of the photograph(s) throughout the world and the exclusive right to license, sell, distribute, or otherwise dispose of the following rights in the photograph(s): publication and sale of the photograph(s) in cards, posters, pictures, brochures, dramatic motion picture, video, DVD (sight and sound), broadcast television and electronic, mechanical, or visual reproduction rights (including intranet, internet, microfilm, and computer) and Office of International Education materials; and any and all future and other rights not specifically enumerated for the benefit of Purdue University Fort Wayne.

Student Signature: _____

Date: _____

Notes:

Medical History Form

Please provide below information that will help our staff overseas obtain medical assistance for you in the case of accident or illness. Language barriers and incomplete medical records can delay treatment. It is therefore important that you provide any information that might be relevant in a medical emergency.

1. Are you currently receiving, or have you recently received any medical or psychological care of which you want us to be aware in case of an emergency? If so, describe fully.

2. List any other on-going physical or emotional conditions which might require treatment abroad, or that might be exacerbated by changes in climate, diet or exercise. What treatment is recommended?

3. What medications or other substances are you allergic to?

4. Are you on a medically restricted diet? If so, give details.

5. The OIE endeavors to provide reasonable accommodations for students with *documented* disability conditions (e.g., physical, learning, etc.). If you are receiving disability-related accommodations at Purdue University Fort Wayne or anticipate needing them at your overseas site, attach documentation confirming the disability and information about accommodations currently provided at Purdue Fort Wayne (e.g., a letter from Disabled Student Services). **Provide details relevant to your request for accommodation(s) abroad on a separate sheet** (If you choose not to disclose disability related needs prior to the program, PFW will not be able to assist you in arranging special accommodations.)

6. Do you have a physician who should be consulted in case of an emergency? If so, list below.

Physician's name _____ Phone (____) _____

I grant Purdue Fort Wayne, its employees, agents and consortium partners full authority to act in an attempt to safeguard and preserve my health and safety during my participation in the program abroad, including authorizing routine or emergency medical treatment on my behalf and at my expense and returning me to the United States at my own expense.

Signature

Date