

Study Abroad Program Application

Global Citizenship Portal

Florida Memorial University

globaleducation@fmuniv.edu

Application Deadlines

October 1 for Spring Semester

March 1 for Summer, Fall Semester, and Academic Year

Note: some programs may have earlier deadlines. Consult the Global Citizenship Portal for details.

Eligibility

To participate in a semester or year study abroad program, students must have a minimum 2.6 GPA. Summer programs require a minimum 2.0 GPA. (Note: some programs have higher GPA minimum requirements). Students must be in good standing. Students must be enrolled at FMU during the semester prior to off-campus study, and must enroll full-time while abroad. Students may study abroad during their last semester at FMU.

Application Checklist

- Application page
- Statement of Purpose
- One academic reference (semester programs only; must be FMU professor who has taught you)
- One (1) Official FMU transcript
- Specific program application
- Completed budget form
- Faculty signature (if an FMU group program)
- Passport photo
- \$50 Pay-It-Forward Contribution

Bring your application to the Global Citizenship Portal, FMU/FIU Building, Second Floor Lobby.

What Happens Next

Your application will be reviewed after it is complete. After you have been accepted, you will apply to your selected study abroad program (if a separate application is required). In addition, a list of confirmation materials will be provided with your acceptance. These confirmation materials must be submitted to secure your place in the program.

Scholarships/Financial Aid

You are required to visit the Financial Aid Office before submitting your application. Scholarship deadlines vary—you may have to apply for some scholarships before knowing which program you will go on. You must review your scholarship applications with the Global Citizenship Portal before submission.

Passport

You must have a passport valid for at least six months after the completion of your program. If yours will expire before this date, or you do not have one, you must apply for one immediately. Passports can take up to eight weeks to be issued. Expedited services are available for an additional fee. Visit travel.state.gov for more information. The Global Citizenship Portal will provide information on applying for your passport.

Personal Information

Name: _____

School ID: _____

Sex Male Female

Date of Birth: ____/____/____

Email: _____

Phone: _____

Local Address: _____

Country of Citizenship: _____ Country of Birth: _____

Emergency Contact Name: _____ Relation to you: _____

Emergency Contact Phone: _____ Email: _____

Check one: I do do not have a passport valid for 6 months after my program ends.

Current Class Standing: Freshman Sophomore Junior Senior

Major: _____ Minor: _____ GPA: _____

Number of Hours Completed at FMU: _____ Expected Graduation Date: _____

Do you currently receive any financial aid? If so, list types and amounts:

Please list course number and title of all foreign language courses taken in college:

Please list previous travel experiences, including location and duration:

Program Name and Location: _____

Fall Semester Spring Semester Summer

How did you first hear about this program?

Professor or Advisor (Name: _____) Presentation Poster Friend

Other _____

Faculty Leader Signature (**required for FMU Group Programs Only**)

Faculty Name

Signature

Date

Statement of Purpose

Directions: On a separate sheet of paper, type a response to each of the following questions:

Part I: What are your personal goals for studying abroad? Why did you select this country and this program?

Part II: What are your academic goals for studying abroad? Please describe the courses you will take while abroad and how they related to your major, general education requirements.

Part III: What leadership and/or extracurricular activities have you been involved in during the last two years?

Academic Reference

To be completed by the Applicant

Name: _____ Program: _____

Reference requested from: _____

(referee must be a university-level professor that has taught you)

Under the US federal law (Section 438 of Public Law 90-247, as amended) students are permitted access to certain education 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 a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

Applicant's signature

Date

To be Completed by the Individual Providing the Reference

The applicant named above is applying for study abroad. Since participants usually directly matriculate into their host institutions and in all cases serve as representatives of FMU, the Global Citizenship Office is concerned with the applicant's academic and personal suitability for study abroad.

A. Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Outstanding	Inadequate opportunity to observe
Knowledge in area of specialization					
Motivation and seriousness of purpose					
Ability to plan and carry out research/independent study					
Ability to express thoughts in speech and writing					
Emotional stability and maturity					
Self-reliance and independence					

B. Please submit a reference letter to answer the following questions on a separate sheet with your department's letterhead. Include your name, title, office address, email address, and signature.

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

2. Please comment specifically on the applicant in terms of the following:

(a) academic suitability for study at an institution abroad; (b) personal suitability for living abroad; (c) how participation in the study abroad program will be of benefit, both academically and personally; (d) weaknesses; (e) linguistic preparation, if applicable; and (f) any other factors that you believe may affect a successful experience on a study abroad program.

Please return original or scanned copy of letter and form by _____ to the Global Citizenship Portal, FMU/FIU Bldg, Room 248. Email: Gloaleducation@fmuniv.edu.

Course Approval Form

Directions: Complete this form with the courses that you plan to take at your host university/program. Schedule an appointment with your advisor at least two weeks before the deadline and attach supporting documentation (e.g. course description and/or syllabus for each course). Make sure to get alternate courses approved, in case your first choices are not available.

If is your responsibility to contact your advisor if you enroll in courses not listed below. Transfer credit is NOT guaranteed without approval from your advisor. Please ensure that you maintain a copy of this form for your records.

Name: _____ School ID: _____

Name of the Transcript-Issuing Institution: _____

Term: Fall Spring Summer Year: _____

Transient Course(s)		Florida Memorial Course(s)	
Prefix/Number	Course Title	Prefix/Number	Course Title

Please be aware that only courses with grade of "C" or better will transfer to Florida Memorial University. This Transient permission form is only valid for the term listed above. After completion of the above courses, you are required to request an official transcript from the above named institution and forward to Registrar's Office at Florida Memorial University.

Student Signature _____

Advisor Signature _____

Chairperson Signature _____

Dean _____

Provost/Vice President of Academic Affairs _____

Global Citizenship Portal _____

Financial Information

Directions: Complete the information below and attach a cost breakdown from the program provider.

Name: _____ School ID: _____

Study Abroad Program Name and Location _____

Term: Fall Spring Summer Year: _____

Expense Description	Dollar Amount
Tuition	
Fees	
Books	
Airfare	
Housing	
Meals	
Transportation	
Other (specify)	
TOTAL	

I certify that the information contained in this application is true and accurate to the best of my knowledge. I further understand that falsifying information contained in the application may jeopardize my participation in a FMU study abroad program.

Student Signature

Date

Global Citizenship Portal

Date

Parent Contact Information

It is your responsibility to notify us of any changes in this information.

Name: _____ School ID: _____

Study Abroad Program Name: _____

Term: Fall Spring Summer Year: _____

Parent/Guardian Names _____

Address _____

City, State, Zip _____

Cell/Home Phone _____ Work Phone _____

Email _____

Release and Indemnification Agreement

Deadline: Two weeks prior to departure

Name: _____ School ID: _____

Study Abroad Program Name: _____

Term: Fall Spring Summer Year: _____

I, the above named participant, am eighteen years of age or older and I have voluntarily applied to participate in the above Activity or trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for all any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether cause by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participation in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date