

## Field Studies/Study Abroad (630) 942-2356

## College of DuPage Summer Study Abroad Application for Admission

#### **COVER SHEET**

A complete application must be submitted in order to be considered for this program.

Cł	necklist for Applicants
	<ul> <li>□ 1. Applicant Information</li> <li>• Passport copy (if available at time of application)</li> </ul>
	<ul> <li>2. Academic Information</li> <li>Transcript (Unofficial transcript accepted. Exceptions made for non-traditional students.)</li> </ul>
	□ 3. One letter of recommendation (The link to the recommendation form can be emailed directly to your reference and returned in the methods noted below.)
	☐ 4. Housing Preferences
	☐ 5. Cancellation/Refund Policy
	□ 6. Essay
	☐ ICISP Sponsored Billing Agreement  (For non-District 502 students applying to COD summer programs. An ICISP administrative fee is charged in

#### **Application Process:**

**Step 1** — Submit completed application.

addition to the regular program fees.)

- **Step 2** Field Studies/Study Abroad will contact you to confirm the receipt of your completed application.
- **Step 3** Program directors will contact you to schedule an interview. Acceptance into the program is at the discretion of the program directors.

Application deadline is Feb. 15 or until all spots are filled. Late applications accepted, space permitting.

Submit your completed application via email to <a href="mailto:ssa@cod.edu">fssa@cod.edu</a> or mail to:

COD Field Studies/Study Abroad 425 Fawell Blvd., BIC 3520 Glen Ellyn, IL 60137-6599 (630) 942-2356



### College of DuPage Summer Study Abroad

### **Application for Admission**

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**Note:** Save a copy of these documents to your computer PRIOR to completing them to avoid losing your information.

A minimum \$500 deposit will be requi	red upon registration.					
I am interested in participating in the p	rogram to:					
	List Country					
1. APPLICANT INFORMATION						
Legal name First	Middle	Last				
Permanent street address	City	State ZIP				
Date of birth	Cell phone					
Preferred Name	Your school (.edu) email					
Your address while at college if different from above	City	State ZIP				
How long will you be at your college a	ddress? Until / /					
Do you already have a passport? (If so,  Surname (last), exactly as appears on passport	Submit a copy with your application.)					
Nationality/Passport issued by						
If your passport will expire less than 6 mon	ths from the trip return date, or you do r	not yet have one, apply now as				
it can take several months to obtain one: ht	tps://travel.state.gov/content/travel/en/	/passports/need-passport.htm				
2. ACADEMIC INFORMATION (Subm	nit transcript with application.)					
Current college	City/State	Dates of attendance				
Previous college	City/State	Dates of attendance				
Previous college	City/State	Dates of attendance				
Current status: ☐ Graduating H.S. ☐ Current CO	D student □ Current non-COD college stude	ent 🗆 Other/Community Member				

st name	Fir	st name	Middle initial
cation of Study Abroad program			
urrent speaking abilit	y of language I wish to	study through Co	OD this summer:
☐ Excellent	☐ Good ☐ Fair		o experience
ow many years have	you studied this langua	ge?	
	′2 □ 3/4 □ 5/6+ □	_	
College: ☐ 1/2 ☐	3/4 □ 5/6+ □ Seme	sters □ Qua	arters
LETTER OF RECON	MENDATION		
commendation on you ave observed your rela	tionship with others. If your from an employer or a n	ve known you for but are not a currer	who will be submitting a at least one semester and at or recent student, your recent student, who has known you in a
<b>.</b> .			
Name:			

**Recommendation Forms available online:** 

https://cod.edu/academics/academic opportunities/field/studyabroad/pdf/recommendation form.pdf

Last name			First name	Middle initial
Location of	f Study Abroad program			
	JSING PREFEREN rmation will be conside	NCES ered for housing placer	ment.	
I am:			Living Arrangem	ents preferences:
[	□ Messy	□ Neat	☐ Smoking	g □ Non-smoking
[	□ Noisy	☐ Quiet	□ Pet O.K.	☐ No pets
[	☐ Morning person	□ Night person		
[	□ Punctual	☐ Not punctual		
∆nv sn	ecific dietary requ	ıirements:		
<b>.</b>				
<b>T</b> l	and a second and a second			
inree a	adjectives that de	scribe you best: _		
5. CAN	ICELLATION/REF	UND POLICY		
<b>penaltic</b> advance all servic	es may apply. Servi e of actual departure ces are sent to vend	ces are planned and e: suppliers require a lors months in advar	l commitments are made on l dvanced deposits and paym	ents, and final payments for nents are non-refundable since
Please i	note that no refunds	s will be made for ar	ny services provided in the iti	nerary that you do not use.
Please	understand that if	you change your p	olans for ANY reason, your	right to a refund is limited.
	Cancellation	ns/refund reque	sts must be emailed to	fssa@cod.edu
□ I ha	ve read and I unde	erstand the Partici	oant Cancellation and Refu	ınd Policy.
	Signature	<del></del>		 Date

ast name	First name	Middle initial
cation of Study Abroad program		
ESSAY		
ademic and career goals? What nk will be the most challenging a	ddressing the following questions. How does the procultural experiences are you interested in during you aspect (besides learning the language) of living abroat? Is there anything you would like us to know about	ur study abroad? What do you ad? Do you have previous travel
st name	First name	Middle initial
cation of Study Abroad program		