University of Louisville College of Arts & Sciences

Office of International Programs
Gardiner Hall 331, Louisville, KY 40292
Ph: 852-7718

PRELIMINARY APPLICATION

INTERNATIONAL SERVICE LEARNING AND RESEARCH IN BOSNIA-HERZEGOVINA

Checklist:

☐ Application Form
- ☐ Information Sheet
- ☐ Release of Confidential Information

☐ Letters of Recommendation
Using the forms at the end of this application, obtain two recommendations from faculty members familiar with your academic work.
- ☐ Recommender #1: _____
- ☐ Recommender #2: _____

☐ Transcripts
Your application must be accompanied by copies of all transcripts for academic credits completed or attempted beyond secondary level. Unofficial transcripts are acceptable. Official transcripts may be obtained at the Office of the Registrar.

☐ Statement of Interest
Please submit a typewritten statement (750 words) indicating your academic goals in applying for the program, your qualifications, and the specific course of study you would like to achieve.

☐ Program Deposit
Your application must be accompanied by a check or money order for a $100.00 program deposit. The deposit is non-refundable for students admitted to the program. Program deposits will be returned to students who are not admitted to the program.

☐ Interview
Please note that you must schedule an interview with the program director in order for your application to be complete. To schedule an interview, please contact Professor Melinda A. Leonard, Psychological & Brain Sciences, 852-3018 or melinda.leonard@louisville.edu.

Application deadline: October 1, 2014

Submit Applications to

Betty Marcum
A&S Office of International Programs
Gardiner Hall 331
Louisville, KY 40292
Phone: 852-7718

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INFORMATION SHEET

I. PERSONAL DATA

Name_____
(Last Name) (Middle Name) (First Name)

Current Address_____
(Street name & number) (City) (State) (Zip Code)

Permanent Address_____
(Street name & number) (City) (State) (Zip Code)

Current Phone _____ Permanent Phone _____

U of L E-Mail Address _____ Alternate E-mail Address _____

Birth date_____ Student I.D. #_____ Passport #_____

Sex: ( ) Male ( ) Female Smoking Habits: ( ) Smoker ( ) Non-smoker

Do you have any physical disabilities that require special conditions or assistance in travel, housing, or the classroom?

___ Yes ___ No

If yes, please elaborate

Do you have a medical condition which requires continual medication or care?

___ Yes ___ No

If yes, please explain

II. DEMOGRAPHIC INFORMATION (OPTIONAL, NOT USED IN ADMISSION PROCESS)

Are you a U.S. citizen? ___ Yes In what state do you permanently reside? _____

___ No Country of Citizenship_____ Passport/Visa Type (F1/J1, etc.) ___

Ethnicity (Optional) __ African –American __Asian/Pacific Islander __Hispanic __I do not wish to respond

___ Caucasian __ Native American/Alaskan __ Multiracial

Disability (Optional):

__ Sensory Disability (hard of hearing, deaf, low vision, blind, or deafblind)

__ Physical Disability (amputee, cerebral palsy, paraplegia, spina bifida, uses wheelchair, etc.)

__ Mental Disability (anxiety disorder, bipolar disorder, depression, schizophrenia, etc.)

__ Attention Deficit Disorder or Learning Disability (dyslexia, auditory procession disorder, etc.)

__ Other Disability (e.g., brain injury, speech impediment, health-related disability, autism, etc.)

III. ACADEMIC INFORMATION

What degree are you pursuing: _____ Expected date of graduation _____

Major _____ Minor _____ Academic Area of Interest _____

Cumulative GPA _____ Credit hours completed (not including current term) _____

Previous Study Abroad or International Experience (Place and Dates of Study)

_____

_____

_____

Languages Spoken and Most Advanced Course Completed

_____ _____

_____ _____

_____ _____

Current Enrollment in Language Courses _____

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TO: Office of Campus Life, Fax 852-1429

Release of Confidential Information:

Date _____ Study Abroad Program _____

Date(s) of Program _____

I, _____, hereby authorize the University of Louisville
(print student's name)
to provide relevant academic, financial, and discipline records to the Director of the Arts and Sciences Office of International Programs and the Study Abroad Faculty Program Director who is working with me to prepare my materials for study abroad. I understand that access to this information is necessary so that the Faculty Program Director can verify my eligibility for the study abroad program, which requires that I be in good academic and disciplinary standing.

Signature: _____ Student ID: _____

Name (print) _____ Telephone: _____

Study Abroad Faculty Program Director requesting information:

Name: _____

Telephone: _____ Email: _____

Please address return faxes to Nefertiti Burton, Director, Arts & Sciences Office of International Programs
Fax: 852-3319

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RECOMMENDATION FOR STUDY ABROAD

To Be Completed by Applicant:

Program Name _____

Applicant's Name _____
Last First Middle

____ I waive my right to review this letter of recommendation.

____ I do not waive my right to review this letter of recommendation.

_____ _____
Signature of Applicant Date

To Be Completed by Faculty Recommender:

1. I have known this applicant as a(n)

___ undergraduate student
___ graduate student
___ other _____

2. I have served as the applicant's

___ adviser
___ teacher
___ employer
___ other _____

3. In rating the scales below, please describe the applicant by checking the box which most nearly represents your evaluation. When possible, compare the applicant with a representative group of students who have approximately the same amount of experience and training as the applicant.

0 – no basis for judgment	3 – good
1 – below average	4 – excellent
2 – average	5 – outstanding

1. ___ self-reliance and independence;
2. ___ emotional stability and maturity;
3. ___ flexibility and adaptability in unfamiliar environment

4. Please comment briefly on the applicant's academic performance.

RECOMMENDATION:

____ I recommend without reservation as an excellent prospect.

____ I recommend this applicant with some reservation.

____ I cannot recommend the applicant.

If you did not check the first box, please explain.

Recommender's Name_____Telephone_____

Position/Title_____

Institution or Organization_____

Address_____

_____

_____ _____

Signature Date

Please place this form in a business envelope with the applicant's name and your name on the front. Please seal the envelope and write your signature across the seal. Give the envelope to the applicant to return with his/her completed application packet.

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