

**College of Arts & Sciences**  
**Office of International, Diversity & Engagement Programs**

**SHORT-TERM STUDY ABROAD APPLICATION**

Checklist:

- ☐ Information Sheet
- ☐ 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.
- ☐ Passport Information Photocopy  
Please submit a copy of the first page of your passport. Make sure you have signed your passport. If you do not have a passport, you must submit a copy of the receipt for your passport application fee. US citizens may visit [www.state.gov](http://www.state.gov) for instructions. If you are not a US citizen, please contact your country's embassy.

**Application Deadline: December 1, 2016**

**Submit Applications to**

Natalie Schuetz  
Latin American and Latino Studies Program  
Stevenson Hall 304  
Louisville, KY 40292  
Phone: 502-852-8162

**For more information, contact**

Dr. Rhonda Buchanan, Director of Latin American and Latino Studies  
[rhondabuchanan@louisville.edu](mailto:rhondabuchanan@louisville.edu)

# 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 processing 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)

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Languages Spoken and Most Advanced Course Completed

_____	_____
_____	_____
_____	_____

Current Enrollment in Language Courses

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### IV. TRAVEL PREFERENCE

☐ I would like to participate in group travel arrangements to my program site.

☐ I would like to make my own travel arrangements.

Please note: If you opt to make your own travel arrangements. You must provide a copy of your flight itinerary to your program director before group travel arrangements have been completed. If you do not, a group ticket will be purchased for you at your expense.

\_\_\_\_\_ Initial here to indicate that you understand these conditions.

**College of Arts & Sciences**  
**Office of International, Diversity & Engagement Programs**  
**Phone: 502-852-7740**  
**Fax: 502-852-3319**

**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

1 – below average

2 – average

3 – good

4 – excellent

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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Applicant's Name \_\_\_\_\_  
Last First Middle

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\_\_\_\_ 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  
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