

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

SHORT-TERM STUDY ABROAD CHECKLIST

- Travel Forms
- Demographic Form
 - Release of Confidential Information
 - Student Conduct Agreement
 - Release and Assumption of Risk
- INEXT BASICS card Application (**contact the International Center to purchase the card: 852-6602**)
- All University of Louisville students must purchase iNext insurance. The iNEXT is an emergency travel insurance which also serves as a valuable international identification. With the iNEXT, the holder can have access to a wide variety of housing, attractions, airfare discounts and other benefits during travel. Additionally, the iNEXT insurance policy, can cover unexpected accidents and illnesses while the insured is abroad.
- Health Clearance Form
- The University of Louisville requires that a health care provider at Campus Health Services, or your family health care provider, complete the medical clearance form in consultation with you. **Your health care provider should return this form directly to the Office of International, Diversity & Outreach Programs. Be sure to give your provider a copy of your trip summary for his or her evaluation.**
- 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 for instructions. If you are not a US citizen, please contact your country's embassy.

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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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