**SHORT-TERM STUDY ABROAD CHECKLIST**

UofL Study Abroad in Panama Information Sheet

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.

Letters of Recommendation

Using the forms at the end of this application, obtain two recommendations from faculty members familiar with

your academic work.

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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.

**Reminder:**

Deadline has been extended.

Please submit all materials to:

**Karen Battoe**

Administrative Assistant, Study Abroad Program in Panama

Strickler Hall 310

502-852-6976

karen.battoe@louisville.edu

**UOFL STUDY ABROAD PROGRAM IN PANAMA INFORMATION SHEET**

1. **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)

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UofL Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a passport, are you in the process of getting one? (circle) yes no

1. **ACADEMIC INFORMATION**

Major(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proficiency Level in Spanish (note: knowledge of Spanish is not required for this program)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **COURSES**

|  |  |
| --- | --- |
| **X** | **Course** |
|  | COMM 350: Intercultural Comm. (undergrad.) |
|  | COMM 690: Intercultural Comm. (grad.) |
|  | SPAN 323: Spanish for the Workplace (undergrad.) |

\*Choose 1 course from each list

|  |  |
| --- | --- |
| **X** | **Course (REQUIRED)** |
|  | LALS 313: Panamanian Culture (undergrad.) |
|  | ML 551: Panamanian Culture (grad.) |

1. **TRAVEL PREFERENCE**

|  |  |
| --- | --- |
| **X** | **PLAN** |
|  | A: I would like to participate in group travel arrangements to my program site. |
|  | B: I would like to make my own travel arrangements. |

**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.

**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

**To Be Completed by Faculty Recommender:**

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

2. I have served as the applicant’s

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_ undergraduate student

\_\_\_ graduate student

\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_

\_\_\_ 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.

**RECOMMENDATION FOR STUDY ABROAD**

**To Be Completed by Applicant:**

Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**To Be Completed by Faculty Recommender:**

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

2. I have served as the applicant’s

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_ undergraduate student

\_\_\_ graduate student

\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_

\_\_\_ adviser

\_\_\_ teacher

\_\_\_ employer

\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_

3. In rating the scales below, please describe the applicant by checking the box which most nearly represents

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

Recommender’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date