



Center for International Education

Faculty-Led Study Abroad Short Program Application
Inter-Session, Spring Break, and Summer Sessions

Application Instructions

The minimum cumulative GPA required by Adelphi to qualify for study abroad is 2.5 at the time of application, however, the GPA requirement for individual programs or institutions could be higher.

Please print clearly in blue or black ink. Return this completed and signed application along with the items listed below to the Adelphi University Center for International Education, located in Levermore Hall #304 by the application deadline. Late applications will not be accepted.

Application Deadlines\*

Winter Intersession (J-Term): October 15

Spring Break: December 15

Summer Terms: March 15

Required Materials

- Completed Application Form (there may be a custom application form for certain Faculty-led programs).
\$100 Study Abroad Fee (check payable to Adelphi University).
Signed authorization for Disclosure of Educational and Health records.
Passport
Budget Planning Worksheet.

All applications are given prompt consideration. Students will be notified as soon as possible with an acceptance decision. Legal documents related to consents and liability releases will be provided after acceptance. Participation in a study abroad program is voluntary and is not required for completion of a degree.

(For Office Use Only)
Signature of Study Abroad Director \_\_\_\_\_ Date \_\_\_\_\_



# Center for International Education

Term for which you are applying:  J-Term \_\_\_\_\_  Spring Break \_\_\_\_\_  Summer \_\_\_\_\_

Program Director \_\_\_\_\_

## Personal Information

Name: (as in your passport) \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Adelphi Student ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Academics

Classification:  Freshman  Sophomore  Junior  Senior  Graduate  Other

Major(s)/Minor(s): \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Will you be requesting Learning Disability assistance (AD/HD)  Yes  No

Faculty Advisor: \_\_\_\_\_

Number of semester at Adelphi, including the current semester: \_\_\_\_\_

Anticipated date of graduation (semester/year): \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

*I certify that the information shown on this application form is correct to the best of my knowledge. I am aware that if I become a student in this program abroad I will comply with all rules, regulations, and instructions for student behavior. I agree that Adelphi has the right to require my withdrawal from this program due to unsatisfactory academic work or behavior between the time of the application and completion of the program.*

*I understand that I must pay Adelphi all the program fees by the posted deadlines before departure.*

*I have read this statement and agree to its terms,*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Center for International Education

Disclosure of Educational and Medical Records

I, \_\_\_\_\_ hereby authorize the Adelphi University Center for International Education to have access to my records described below to determine whether I will be accepted as a participant in a study abroad program. And to disclose such information to any educational institution which may be involved in any program to which I am accepted so that such institution may have information necessary to address my education needs, interests, and health care.

The records and information I authorize and direct to be disclosed by the Adelphi University are:

- 1. My academic transcript.
2. My financial aid award letter.
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct that did not result in disciplinary proceedings or action while attending Adelphi University.
4. The completed "Physician Section", which is located on page 6 of the CIE Legal Packet: http://academics.adelphi.edu/cie/pdfs/studyabroad\_legaldocs.pdf
5. Whether or not you will be requesting Learning Disabilities assistance.

I understand that by signing this authorization form I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. Section 1232g, and I waive those rights voluntarily by signing this authorization.

I understand that by signing this authorization that my medical records may be subject to re-disclosure by a third party and may no longer be protected by federal or state laws that are currently in effect, particularly the Health Insurance Portability and Accountability Act (HIPAA).

I further understand that I have the right to revoke this consent at any time by notifying Adelphi University of my revocation of this authorization. To insure proper notification of revocation of this authorization, I understand I should submit my request in writing to:

Center for International Education
Adelphi University/Levermore Hall 304
1 South Avenue
Garden City, NY 11530

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian if student is under 18:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Study Abroad Budget Planning Worksheet

Name: \_\_\_\_\_ Adelphi ID#: \_\_\_\_\_
Program: \_\_\_\_\_ Term/Year: \_\_\_\_\_
Country: \_\_\_\_\_
Term Start Date: \_\_\_\_\_ Term End Date: \_\_\_\_\_
Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Estimated Costs per Term

- 1. Application/Study Abroad fees \_\_\_\_\_
2. Program Tuition and fees \_\_\_\_\_
3. Room/Board (actual program cost) \_\_\_\_\_
4. Optional Tours \_\_\_\_\_
5. Books and supplies (art, paper, etc.) \_\_\_\_\_
6. Passport and visa fees \_\_\_\_\_
7. Airfare to and from host country \_\_\_\_\_
8. Special course fee(s), if applicable \_\_\_\_\_
9. Transportation (to school and around town) \_\_\_\_\_
10. Health Insurance (not included in Program fee) \_\_\_\_\_
11. Cultural Travel \_\_\_\_\_
12. Toiletries, Laundry, postage, phone, gifts, etc. \_\_\_\_\_
13. Entertainment \_\_\_\_\_
14. Special needs (Immunization, other, please explain) \_\_\_\_\_
Total expenses \_\_\_\_\_

Funding Sources

Study Abroad Scholarships \_\_\_\_\_
Savings/Family contribution \_\_\_\_\_
Alternative Loans \_\_\_\_\_
Total Funding \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: For financial aid information on summer loans please contact the Student Financial Services Office
http://ecampus.adelphi.edu/sfs/