

Study Abroad *Application*

How to Apply

Your complete application must be turned into Webster University by the application deadline. Our office begins accepting applications 15 days prior to the deadline. Incomplete applications will not be accepted.

Webster University Students

To apply, graduate and undergraduate students must submit the following:

- Request for Approval to Study Abroad (parts 1–3)
- Statement of Purpose (type on separate sheet) (part 4)
- One letter of recommendation from a professor (part 5)
- WWTP Form with 4 passport-sized photos attached. (not applicable to Tuition Remission or Tuition Exchange Students) (part 6)
- Intent Form (part 7)
- Health Forms (part 8)
- Authorization (part 9)
- Photocopy of Passport (bio page)
- \$165 security deposit
(Checks or money orders should be made payable to Webster University.)

Minimum Criteria for Acceptance

Undergraduate students at the time of application should have:

- 15 semester credit hours completed at Webster University.
- Good academic, social, financial standing

Graduate students at the time of application should have:

- 9 semester credit hours completed at Webster University
- Good academic social, financial standing

Students not meeting the minimum eligibility requirements at time of application should submit an additional statement telling when the requirements will be met (minimum requirements must be met before the start of the program).

Application deadlines

Summer:	February 15
Fall:	March 15
Spring:	September 15

Please submit application materials to the Office of Study Abroad.

REQUEST FOR APPROVAL TO STUDY ABROAD AT WEBSTER UNIVERSITY

Please print clearly or type.

Program Location:	<input type="checkbox"/> Vienna	<input type="checkbox"/> Geneva	<input type="checkbox"/> Leiden	<input type="checkbox"/> London	<input type="checkbox"/> Thailand
	<input type="checkbox"/> Mexico	<input type="checkbox"/> Japan	<input type="checkbox"/> China		
Classification:	Current Webster Student	Program Dates (Check all that apply)			
	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Summer 20_____	<input type="checkbox"/> Fall 1 20_____	<input type="checkbox"/> Spring 1 20_____	
	<input type="checkbox"/> Graduate		<input type="checkbox"/> Fall 2 20_____	<input type="checkbox"/> Spring 2 20_____	

Part 1: Contact Information

Full Legal name: _____ Nickname: _____
first middle last

Sex: Male Female Student ID# _____

Current mailing address: _____

_____ This address is valid until: _____
month/date/year

Current telephone number: () _____ Cell phone number: () _____

Primary E-mail address: _____ Secondary e-mail address: _____

Permanent address, if different from above: _____

Permanent telephone number: () _____

May Webster release your name and e-mail address to other study abroad participants? Yes No

May Webster release your photos for use on our website and other publications? Yes No

Personal Information

Date of birth: _____ / _____ / _____ Place of birth: _____
month date year

Country of Citizenship: _____
city, state, country

Do you currently hold a valid passport? If yes, Passport Number: * _____

If no, you have Applied Not applied

*Apply now if you have not already done so and submit a copy of your passport photo page as soon as possible.

Emergency Contact Information

In case of emergency, whom should Webster University contact?

Name: _____ Phone: () _____

Relationship: _____ E-mail: _____

Please check one box indicating ethnic origin. (This information is optional and is used for statistical purposes only.)

- | | | |
|--|---|--|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic/Latin American | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Non-resident alien |

Part 2: Educational Information

College of: Arts & Sciences Fine Arts Business & Technology Communication Education

Majors: _____ Minor: _____ Cumulative G.P.A.: _____

Who is your academic advisor? _____

How many credit hours have you completed to date?

1–30 (*Freshman*) 31–60 (*Sophomore*) 61–90 (*Junior*) 91 or more (*Senior*) Graduate work

List all colleges and universities previously attended (*if applicable*):

1. _____ Dates: _____ to _____

2. _____ Dates: _____ to _____

Please list previous international travel experience:

Please list any language competencies other than your native language: _____

Identify party financially responsible for your study abroad experience:

parents self tuition remission financial aid business military other: _____

How did you hear about Webster University's Study Abroad programs?

Webster Web site Study Abroad office Webster Study Abroad Alumni Professor
 Webster viewbook Study Abroad Fair Other _____

Part 3: Statement of Housing Intent

Please indicate your housing intent by checking the appropriate box(es) below:

I will NOT require housing secured by Webster University on my behalf. (*Only applicable to graduate students studying in London & Bangkok*). I assume all responsibility for securing my own housing accommodations.

I will require Webster University to secure housing on my behalf for my use during the period of my enrollment at Webster University in (specify campus[es]): _____

I understand a security deposit is due by the published deposit deadline for the first term of my study abroad program. I would prefer double room single room smoker non-smoker

■ Please note below any special considerations you wish the housing coordinator at your international campus destinations to consider when assigning your housing (including roommate preference):

■ I certify that the information that I have provided with this application is complete and correct to the best of my knowledge. I understand that my application will be processed based on the information I have provided in the application. Furthermore, I have indicated my need for housing secured through Webster University or my ability to secure housing on my own. Finally, with my application I am submitting a \$165 security deposit by the deadline to confirm my decision to study abroad.

Name: _____ Date: _____

I understand my deposit is refundable only when meeting the following criteria: Complete study abroad experience, leave no damages to housing, and there is no account balance remaining at my campus abroad.

Part 5: Professor Recommendation

TO THE STUDENT: Please complete this section and give this recommendation form to a professor who knows you well and has taught you, preferably in your major. Your professor can submit this at his or her earliest convenience.

First Name: _____ Last Name: _____ Middle: _____

Student ID#: _____ Program Location: _____ Term/Year: _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, I hereby waive my right of access to this recommendation, and understand that the information provided will be used only for the purposes for which it was prepared. Yes No

Signature: _____ Date: _____

TO THE PROFESSOR: The applicant named above is requesting approval to study abroad with Webster University. Webster attaches considerable weight to the statements made on these forms. Please comment on the applicant's academic ability below. Please return this form to The Office of Study Abroad.

1. How long have you known the applicant? _____

In what capacity? _____

2. Please rate the student: I recommend this student without reservation
 I recommend this student with reservation
 I do not recommend this student

Signature _____ Date: _____

Name: _____ Position or Title: _____

Department: _____ Institution: _____

Telephone: _____ E-mail: _____

Additional Comments (Optional): Please use this space or attach an additional sheet to provide us information you feel will be helpful.

PLEASE RETURN THIS RECOMMENDATION FORM TO:

OFFICE OF STUDY ABROAD • WEBSTER UNIVERSITY • 470 EAST LOCKWOOD AVENUE • ST. LOUIS, MISSOURI 63119-3194
800-984-6857 • FAX: 314-963-6019 • worldview@webster.edu • www.webster.edu/studyabroad

Part 6: Webster World Traveler Form

Only submit form if applicable.

DEADLINES

SUMMER:

February 15

FALL:

March 15

SPRING:

September 15

Please print or type all information

Name as it appears on your Passport:

First Name: _____ Last Name: _____ Middle: _____

Nationality: _____ Student ID No.: _____ Date of Birth: ____/____/____

E-mail Address: _____

Your Webster Home Campus Location: _____

Roundtrip Coach-class Airline Ticket

Campus Location/ Destination City (Please circle one):

Europe: Netherlands Switzerland England Austria

Asia: Thailand Japan China

America: Mexico Argentina USA

Term (please circle all that apply): Fall I Fall II Spring I Spring II
Summer Year: 20____

REQUIRED

Submit 4 passport-sized photos (2"x2") with this form.

Please write your name and student ID on the back of the photos.

Where to get photos taken:
Walgreens, Kinko's, CVS

Minimum Eligibility Requirements:

- Acceptance into a Webster University program at an international location other than the student's home campus.
- If an undergraduate student, successful completion of a minimum of 15 credit hours at Webster University at time of travel.
- If a graduate student, successful completion of a minimum of 9 credit hours at Webster University at time of travel.
- If an English as a Second Language student, release from the ESL program and completion of one semester after such release.
- Good academic and social standing.
- Good financial standing.
- Student may not have previously received this award, the Freshmen Fly Free ticket, or an Off-Campus Study Abroad Award.
- Student must not currently receive tuition remission or tuition exchange benefits.
- While students should meet the minimum eligibility requirements, this does not guarantee the award.

Conditions of the Award:

- Successfully complete a minimum of one eight-week term and at least six credit hours abroad as a full-time equivalent student.
- Remain enrolled as a full-time student in good standing while abroad.
- Complete a minimum of 30 additional credit hours at Webster University, which may include credits earned while abroad or completion of the degree program at Webster University no later than 12 months from the date of initial international travel.
- Successfully fulfill the service obligation to be determined in consultation with the OSA and/or Student Services.
- Noncompliance with the conditions of the award may result in revocation of the award. If a student withdraws early, does not successfully complete the term abroad with Webster University or fails to complete the additional credits as required by the University, the cost of the airline ticket will be posted to his/her student account.
- If the student decides to change the ticket once it has been booked, the student is financially responsible for any change fee and re-booking. Students will be booked on flights with other study abroad students to ensure timely arrival and travel support from the local campus. Special travel requests may be considered, but are not guaranteed.
- The award will be reflected on the student's account as a Business Office charge and a Financial Aid credit, and could be considered taxable.

I have read this form and understand the terms and conditions as listed above.

Student Signature: _____ Date: ____/____/____

Please print full name: _____

For Official use only:

Kimberly McGrath: _____ Guillermo A. Rodriguez: _____

Part 7: Study Abroad Intent Form

This is to notify Webster University of my intent to enroll in the following Study Abroad Program:

Mark **all** sessions (including the year) you plan to study abroad. Also, be sure to indicate the campus location. Please note that the study abroad program fee will be charged to the student account.

Session & Year Abroad	Campus	Study Abroad Program Fee
<input type="checkbox"/> Spring Semester 20____	_____	\$500.00
<input type="checkbox"/> Spring I 20____ only	_____	\$500.00
<input type="checkbox"/> Spring II 20____ only	_____	\$500.00
<input type="checkbox"/> Summer 20____	_____	\$250.00
<input type="checkbox"/> Fall Semester 20____	_____	\$500.00
<input type="checkbox"/> Fall I 20____ only	_____	\$500.00
<input type="checkbox"/> Fall II 20____ only	_____	\$500.00

I will require housing. I understand that if I withdraw from housing after submitting this form I may be responsible for costs related to my vacancy.

I will not require housing assistance. I will arrange for my own housing. This option is only applicable to graduate students studying at the London or Bangkok campuses.

(If you are not living in Webster housing and already know your address and telephone number abroad, please provide it below. If not, please inform the Office of Study Abroad as soon as you secure your housing.)

Address: _____

City: _____ Country: _____ Postal Code: _____

Telephone: _____

I am aware that if I withdraw from the program after confirming intent to enroll with the \$165 security deposit, I will forfeit it and be responsible for any non-refundable deposits, fees, and costs for unused accommodations paid on my behalf by Webster University. I also understand that I am responsible for paying the corresponding study abroad program fee which is charged to my student account.

Signature

Please Print Name

Webster Student Number

Date

Please note that the \$165 security deposit along with this *Letter of Intent* guarantee your enrollment in Webster University's study abroad program.

Part 8: Study Abroad Health Information Form

Please answer all questions openly and honestly. While it may be difficult to share health information, completion of this form enables the Office of Study Abroad to obtain information regarding facilities available for study abroad students who have specific health concerns. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the University be made aware of any medical or emotional problem, past or current, which might affect you abroad. This form is a confidential document and any and all information you provide will be disclosed only as necessary to provide for your health and well-being.

The Office of Study Abroad will do its best to assist you, but may not be able to accommodate all individual needs or circumstances. The information you provide WILL NOT preclude you, in any way, from studying abroad. The information may be helpful in the event you become injured or ill. All information will be kept confidential in accordance with HIPAA (Health Insurance Portability Accountability Act of 1996.) Visit www.hhs.gov/policies/#hippa for more information.

To be completed by the Participant		
Last Name _____	First _____	Middle _____
Phone _____	Student # _____	Email _____
Country(ies) _____	Term(s) _____	Year _____
Emergency Contact Information (2 people):		
Name _____	Relationship _____	
Home Phone _____	Cell Phone _____	Email _____
Name _____	Relationship _____	
Home Phone _____	Cell Phone _____	Email _____

1. Do you have any serious or chronic illnesses, surgery or injuries that may affect your health while abroad?
YES / NO If yes, please explain.
2. Do you have allergies such as hay fever, food allergies, or asthma?
YES / NO If yes, please explain and include any ongoing treatment required abroad.
3. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition) that may require accommodations to fully participate in the study abroad program?
YES / NO If yes, please explain the type(s) of services that you might require.
4. Do you believe you have a health condition or disability (e.g. learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations to fully participate in the study abroad program?
YES / NO If yes, please explain.
5. Do you have a hearing or visual loss that may require reasonable accommodations to fully participate in a study abroad program?
YES / NO If yes, please explain.

6. Will your participation in full-time academics or other program elements be limited in any way because of health issues or special needs requirements?
YES / NO If yes, please explain.

7. Are you presently seeing a counselor or other medical professional for emotional, psychological, or other problems (e.g., addiction, depression, anxiety, eating disorder, or a condition related to grief) that will require on-going treatment abroad?
YES / NO If yes, please list specifically the type of service or professional that is needed.

8. Are you currently taking prescription medication?
YES / NO If yes, list below any prescription medications that you take including the dosage, frequency of medication, and include your plan for continued use while abroad. Please note that in some countries it is not possible to fill prescriptions written in the U.S. or to receive medications through the mail.

9. Is there any additional information that would be helpful for the program to be aware of during your study abroad period?
YES / NO If yes, please explain.

Travel Precautions, Immunizations and Vaccinations

While there are unavoidable risks in study and travel outside of the United States, there are also precautions that can be taken. Webster University follows the guidelines set by the U.S. Department of State, which posts travel alerts and warnings online at <http://travel.state.gov>.

While there are likely no immunizations and vaccinations required for your study abroad experience, both Webster University and the American College Health Association (ACHA) recommend that you are current with vaccinations for tetanus, Meningitis, Measles, Mumps and Rubella. These immunizations are required for students living on campus in St. Louis, and are recommended for students traveling abroad. The university's Student Health Services Department can administer these for you, and charge the fee to your student account.

Visit www.webster.edu/students/health/immunizations.shtml for more information.

For more information on required immunizations and vaccinations, please visit the Center for Disease Control at www.cdc.gov or the World Health Organization at www.who.int

Webster University encourages students with special medical needs to do the following:

1. Locate a provider near the campus where you will be studying.
 2. Visit the insurance website (www.hthstudents.com) having a list of providers. You can use any provider in the world. The website is just a guide. However, if you select a doctor not approved by the insurance company, you will be asked to pay in advance. The insurance company will require an itemized bill for reimbursement; in such a case file your case expeditiously.
 3. Choose and contact a provider upon arrival, depending on the severity of your medical needs.
- NOTE: The insurance will only cover accidents and illness and not general checkups or doctor visits.
4. Always keep a copy of your medical history and any medication you are taking with you at all times.

Declaration

I certify that I have had the full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with the direction to the University. I understand that by signing this form, I am confirming my authorization that the University may use and/or disclose the protected health information described in this form to all persons and organizations, who would need to know. Furthermore, I certify that all of the responses made on this Health Information Form are true and accurate, and that I will notify the Office of Study Abroad hereafter of any important changes in my health that occur prior to the start of the program.

I understand that the Office of Study Abroad will do its best to accommodate my needs, although not all accommodations may be possible. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation. I also understand that the cost of medical attention and ambulance are not the responsibility of Webster University, its employees, agents, representatives, teachers and/volunteers.

Applicant Signature _____ Date _____

Part 9: Study Abroad Authorization Form (For Webster Groves Students Only)

Webster students applying to study abroad should read this form thoroughly before acquiring the appropriate signatures. This form must be submitted to the Office of Study Abroad, Loretto Hall 165.

Student Name _____ Webster I.D. Number _____

Requests to study abroad: Term: _____ Year: _____ Location: _____

Academic Advisor

The above named student (check all that apply):

- Is in good academic standing (2.0 current and cumulative GPA).
- Is not on academic probation.
- The student has been informed that it is her/his responsibility to keep apprised of current graduation requirements for her/his particular degree (registration submitted to the Office of Study Abroad).
- If student is a Freshman, student is making adequate progress in current coursework.

Academic Advisor

Date

Financial Aid Office (WEBH 1st Floor)

The above named student **has / has not** applied for financial aid from Webster University. If he/she has applied, his/her file is / is **not** complete.

The above named student has been informed (please check all that apply):

- How the financial aid package has been awarded to accommodate study abroad.
- What requirements must be met (i.e. credit load) to guarantee that these funds will be available.
- The costs of studying abroad.

Financial Aid Officer

Date

Student Affairs (University Center)

The above named student is **not** on social probation.

Dean of Students

Date

Business Office (WEBH 1st Floor)

The above named student (check all that apply):

- Is current in his/her account with Webster University.
- Has been informed how and when financial aid will be applied and the requirements for these funds.

Business Officer

Date

International Recruitment & Services (International Students Only)

The above named student understands:

- The necessary steps in obtaining a student visa upon returning to the United States.
- That he/she must complete the "site-transfer" paperwork prior to returning to the St. Louis campus.
- In the case where the student has been awarded an international scholarship, the student is aware of the obligations and/or limitations of the award.

Director, Int'l Student Services

Date

Int'l languages & Cultures - If going to UAG

The above named student has been advised and tested for language proficiency and is approved to study abroad in Mexico.

IL&C Faculty

Date

Student

I certify that I understand the billing procedures, tuition, study abroad fee, housing costs, non-refundable security deposit, financial aid regulations, scholarship rules, academic requirements for my major, student conduct code, and the registration process for my study abroad experience. I know that I must be in good academic and social standing and current on my financial obligations at the time of travel to the international campus and that Webster University may rescind my approval to study abroad should I fail to meet University standards and that I would be responsible for any non-refundable deposits of fees paid on my behalf by Webster University.

Student Signature

Date

