STUDY ABROAD APPLICATION
Program: Carlow Cares
Carlow University - Center for Global Learning

Deadline: 1 December 2015
Center for Global Learning
Carlow University
University Commons 213-A
3333 Fifth Avenue
Pittsburgh, PA 15213

Study Abroad Eligibility:
- You are eligible to study abroad beginning the summer after your freshman year.
- You must have at least a 2.5 GPA.
- You must have no serious disciplinary or academic actions pending at Carlow University (or your home institution.)

Student Name: ___________________________  Term Abroad: ______Summer 2016____

Application Checklist

☐ Application form

☐ Official transcript
  - Unofficial transcript can be submitted by Carlow students only.

☐ Essay (500 words)
  - Why you want to study abroad
  - Why you want to study abroad with this program
  - Why you want to study abroad in this location
  - Academic and personal goals

☐ 2 Recommendation Forms
  - Advisor
  - Professor

☐ Disciplinary Clearance Form

☐ Copy of passport or proof of purchase

☐ Copy of Act 33/34 Clearances

Center for Global Learning
cgl@carlow.edu - (412) 578-6010 - University Commons 213-A
3333 Fifth Avenue, Pittsburgh, PA 15213
STUDY ABROAD APPLICATION FORM
Program: Carlow Cares
Carlow University - Center for Global Learning

Personal Information

Name _____________________________________ Carlow ID _________________________

Date of Birth ____________________________  □ Female  □ Male

Email ____________________________________ Phone ___________________________

Campus Address ______________________________________________________________________

____________________________________________________________________________________

Permanent Address _____________________________________________________________________

____________________________________________________________________________________

Academic Information

Academic Level While Abroad  □ First Year  □ Sophomore  □ Junior  □ Senior  □ Graduate

Major ________________________________ Carlow Advisor _____________________________

Minor ________________________________ Carlow Advisor _____________________________

Expected Graduation □ May 20____  □ December 20____

Program Information

I am applying for:

□ Summer 2016

Program Provider Carlow University ____________________________________________

Program Name Carlow Cares ________________________________________________

City  Sligo ___________________________ Country  Ireland _______________________

Program Start Date  mid-May 2016 ________ Program End Date  early June 2016 ________

Passport Information

Country of Citizenship ___________________________ Passport Number _______________________

Passport Expiration Date ________________________

If you have not yet received your passport, what is the date you sent in your application? ___________
STUDY ABROAD APPLICATION FORM

Student Name ________________________________ Term Abroad Summer 2016

Emergency Contact and Parent/Guardian Information

PRIMARY:
Name ____________________________________ Relationship ______________________
Email ____________________________________ Home Phone _______________________
Cell Phone ________________________________ Work Phone ______________________
Address ______________________________________________________________________

SECONDARY:
Name ____________________________________ Relationship ______________________
Email ____________________________________ Home Phone _______________________
Cell Phone ________________________________ Work Phone ______________________
Address ______________________________________________________________________

May we send your parent(s)/guardian(s) information about Study Abroad? ☐ Yes ☐ No

If yes, please write their name and address __________________________________________
______________________________________________________________________________
______________________________________________________________________________

Responsibilities Agreement – Carlow students only

The following responsibilities are required for all students studying abroad:
- Attend a pre-departure orientation(s)
- Complete a program evaluation questionnaire
- Complete an activity of choice approved by CGL to promote study abroad to the Carlow community

By signing below and submitting this application, I agree to complete all the responsibilities listed above on the assigned dates.

Student signature __________________________ Date __________________________

Financial Aid Meeting

I have met with a financial aid officer, discussed my budget, and understand how my financial aid can be applied to my expenses. I also understand that I am responsible for paying Carlow’s mandatory HTH international health insurance (approximately $50).

Student signature __________________________ Date __________________________

I have met with the above student and explained how financial aid can be used toward study abroad. I believe he/she has a reasonable and realistic budget plan.

Financial Aid Officer signature ______________ Date __________________________

Revised September 2015
# STUDY ABROAD APPLICATION FORM

**Course Approval Form (to be completed with Advisor/s) – Carlow students only**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Carlow ID</th>
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</thead>
<tbody>
<tr>
<td>Student Email</td>
<td>Major/Minor</td>
</tr>
<tr>
<td>Study Abroad Program</td>
<td>Carlow Cares</td>
</tr>
<tr>
<td>Study Abroad Term</td>
<td>Summer 2015</td>
</tr>
</tbody>
</table>

**TO THE STUDENT:** List below the courses you hope to take abroad along with at least 2 alternates. Major requirements are to be approved by your major Advisor. Minor/Certificate requirements are to be approved by your minor/certificate Advisor. The Director of the Center for Global Learning will approve LAIs and general electives. When you meet with your Advisors and CGL Director, you must bring course descriptions for each course. The grades obtained in these courses will transfer to your Carlow transcript and be part of your GPA. Please also discuss with your advisor who and how you will register for the term following your study abroad experience.

**TO THE ADVISORS:** Please read the descriptions for any courses listed below that pertain to the students’ major/minor/certificate program only and initial in the appropriate column for each course you approve. Then, sign your name at the bottom. Please note: The student may contact you from abroad for approval of an additional course not listed below. Please also discuss with your advisee who and how the student will register for the term following his or her study abroad experience.

<table>
<thead>
<tr>
<th>Course Number Abroad</th>
<th>Course Title Abroad</th>
<th>Carlow Course Equivalent Title and Number</th>
<th>Amount of Carlow Credits (Recommended)</th>
<th>Approval Initials</th>
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<tbody>
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<td>Major</td>
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**Alternates**

|                      |                     |                                          |                                        |       |       |    |              |      |
|                      |                     |                                          |                                        |       |       |    |              |      |

We have read and agree to the course approval process and the courses listed above. We have also discussed plans for registering for the term following the study abroad experience:

<table>
<thead>
<tr>
<th>Major Advisor Name</th>
<th>Major Advisor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor/Cert. Advisor Name</td>
<td>Minor/Cert. Advisor Signature</td>
<td>Date</td>
</tr>
<tr>
<td>CGL Staff Name</td>
<td>CGL Staff Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Student Name</td>
<td>Student Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Revised September 2015
The above student is applying to study abroad. Please indicate your honest perceptions of the applicant's competence in the following areas. You may attach a letter if further explanation is required.

Advisor Name (printed) ____________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Attendance and punctuality</td>
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<tr>
<td>Intellectual curiosity</td>
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<tr>
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<tr>
<td>Stress tolerance</td>
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<tr>
<td>Ability to interact with others</td>
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<tr>
<td>Self-motivation</td>
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</table>

Comments:

I have discussed study abroad plans with this student and believe that the timing of this study abroad experience is appropriate and will not interfere with his/her plan of study:  □ YES  □ NO

I believe that this student has displayed maturity in and out of class and is emotionally, academically, and mentally ready for a study abroad experience:  □ YES  □ NO

If NO, what steps would need to be taken by the student for you to consider him/her sufficiently prepared:

Advisor Signature ___________________________  Date _______________________

Please return this form to the Center for Global Learning at Carlow University (University Commons 213-A, 3333 Fifth Avenue, Pittsburgh, PA 15213) or return to the applicant in a sealed envelope.
**STUDY ABROAD APPLICATION**

**Faculty Reference Form**

**Student Name** _______________________________  **Carlow ID** _______________________________

**Student E-mail** _______________________________  **Major/Minor** _______________________________

**Study Abroad Program**  ______ Carlow Cares ______  **Study Abroad Term**  Summer 2015

The above student is applying to study abroad. Please indicate your honest perceptions of the applicant’s competence in the following areas. You may attach a letter if further explanation is required.

**Faculty Name**  ___________________________________________________________________________

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Comments:

I believe that this student has displayed maturity in and out of class and is emotionally, academically, and mentally ready for a study abroad experience:  

☐ YES  ☐ NO

If NO, what steps would need to be taken by the student for you to consider him/her sufficiently prepared:

Faculty Signature  _______________________________  Date _______________________________

Please return this form to the Center for Global Learning at Carlow University (University Commons 213-A, 3333 Fifth Avenue, Pittsburgh, PA 15213) or return to the applicant in a sealed envelope.
STUDY ABROAD APPLICATION

Disciplinary Clearance Form

PART I: TO BE COMPLETED BY THE STUDENT

Student Name ____________________________________ Carlow ID ____________________
Student Email ____________________________________ Study Abroad Term ___ Summer 2015 ___
Study Abroad Program __ Carlow Cares ____________ Country ___ Ireland ____________

Your signature below authorizes your institution to release a report of your disciplinary history to the Center for Global Learning. While the existence of past sanctions is not necessarily grounds for disqualification, it is taken into account during the admission process for any study abroad experience.

Carlow Students: Submit this form to Gwen Stevens, Assistant Director of Campus Life, in UC 219.
Non-Carlow Students: This form will need to be completed by the judicial officer at your home institution.

Student Signature ________________________________ Date ______________________

PART II: TO BE COMPLETED BY THE JUDICIAL OFFICER

The above-mentioned student is applying for the study abroad program indicated on this form. We would appreciate your confidential and full report on this applicant’s judicial history at your institution. Please return this form to the Center for Global Learning at Carlow University (University Commons 213-A, 3333 Fifth Avenue, Pittsburgh, PA 15213) or return to the applicant in a sealed envelope.

1. Please indicate the student’s current judicial standing at your institution.

☐ The student has never received a judicial sanction.
☐ The student is currently under the following active judicial sanction(s):

☐ The applicant is no longer under active sanction, but has had the previous judicial sanction(s):

2. Please feel free to add additional comments relating to the student’s personal suitability for study abroad on the back of this form or in a separate reference letter.

Disciplinary Officer’s Signature ________________________________ Date ______________________
Print Name ________________________________________________ Title ______________________
Email Address ________________________________________________ Phone ______________________
### STUDY ABROAD APPLICATION FORM

#### Supplemental Form for Non-Carlow Students Only

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Email</th>
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<tbody>
<tr>
<td>______________</td>
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#### Home Institution Information

<table>
<thead>
<tr>
<th>College/University Name</th>
<th>Study Abroad Advisor Name</th>
<th>Title</th>
<th>Study Abroad Office Address</th>
</tr>
</thead>
<tbody>
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<td>_______________________</td>
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<thead>
<tr>
<th>Study Abroad Advisor Phone</th>
<th>Fax</th>
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<td>__________________________</td>
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<tr>
<th>Study Abroad Advisor Email</th>
<th>__________________________</th>
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<tbody>
<tr>
<td>__________________________</td>
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</table>

To the Advisor:

I have discussed the above-named students’ study abroad plans and attest that he/she is eligible to study abroad with Carlow University.

<table>
<thead>
<tr>
<th>Advisor Signature</th>
<th>Date</th>
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<tr>
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#### Additional Information for Guest Student Registration

<table>
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<tr>
<th>Social Security Number</th>
<th>______ - ______ - ______</th>
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<tr>
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