



Application for 2019 Faculty-Led, Short -Term Study Abroad Program

Nursing and Healthcare Ireland -- Program fee \$4500

See page 2 for program specific application and payment deadlines.

Personal Data

(provide legal name as it appears on your passport)

Last Name		First Name		Middle Name		Date of Birth	Student ID Number
Country of Citizenship	Passport Number (if available)		Expiration Date		Gender (Male or Female)		Home Campus
Permanent Address in the U.S. (number, street, apartment)							
City		State			Zip Code		
Home Phone		Mobile Phone			E-mail Address		
Current Degree Major		College Credits Completed		Cumulative GPA		Expected Graduation Date	
Any disciplinary history? If yes, please describe; use additional page if needed							
Emergency Contact Person: Last Name		First Name			Relationship		
Address (number, street, apartment)							
City		State			Zip Code		
Home Phone		Mobile Phone			E-mail Address		

Complete the following portion of the application

Completed FASFA (Free Application for Federal Student Aid) submitted to Financial Aid Office

Have / or will schedule NURS427C during the 2019 winter semester. Note: in order to access available financial aid you must enroll for a total of 6 credit hours. It is recommended that any additional courses be scheduled in first session, not during the time abroad.

Have you previously studied abroad? No Yes (if yes, when and where?)

What other source(s) of financial support, if any, will you have in order to finance your study abroad program?

Have/ or will you apply for any external (non-DU) study abroad scholarships?
 No Yes (if yes, which scholarship(s)?):

Deadlines, Notices and Certifications

This program has a limited enrollment of 24 students. The initial application deadline is October 30, 2018 with the following stipulations:

- Applications dated between September 1 and October 30, 2018:
 - Once accepted to program, a non-refundable \$500 deposit must be paid by November 15, 2018
 - Students should talk to their financial aid advisors about their plan to study abroad.
 - Remainder of program fee paid must be paid by January 20, 2019.
- Late entry applications dated between November 1 and November 15, 2018:
 - If space is available, once accepted to program, the non-refundable \$500 deposit must be paid by November 20, 2018.
 - Students should talk to their financial aid advisors about their plan to study abroad.
 - Remainder of program fee paid must be paid by January 20, 2019.

In the unlikely event the University cancels the program, students will receive a refund of payments made as of the date of cancellation, less \$500. Students who drop-out of the program due to unforeseen circumstances may receive a partial refund at the discretion of the University and dependent on the date of withdrawal. The program fee covers travel expenses and medical insurance while traveling, but not tuition, fees or textbooks. Upon acceptance into the study abroad program, you will receive a packet containing additional information you will be required to furnish in order to participate. This will include: health information, signed risk and release forms, other background data. By signing below, you certify that you understand all payment requirements, all responses made on this application form are true and accurate, and that you will notify Davenport University, Office of Global Programs in writing of any relevant changes .

Student's Signature

Date: (month/day/year)

Application Checklist

This application completed in full, signed, and dated by the applicant

Recommendations requested from 1. Name _____ e-mail _____
2. Name _____ e-mail _____

(Two copies of the Recommendation Form are provided in this application packet)

Have / or will schedule NURS427C during the 2019 winter semester.

Essay by the applicant (1---2 pages, typed, double---spaced, standard 12 pt. font): Please explain your reasons for desiring to participate in your chosen study abroad program. Include any information that might be helpful in evaluating your suitability for a study abroad experience (e.g., previous travel, work, and volunteer positions, the program's relevance to your personal and educational goals, and challenges you might experience abroad).

Copy of current college transcript (print from your "Davenportal" account) indicating an earned 2.5 GPA

Appropriate Fees Paid

Check or Money Order Attached

Used "PAY NOW" on DU Study Abroad Website

For Office Use Only

Date Received:

____ Approved
____ Denied

Signature:

Comment:

Please return this application form and the required documents noted above to

Dr. Gerald Nyambane
Office of Global Programs, Lettinga Campus, Room 217
Davenport University, 6191 Kraft SE, Grand Rapids MI 49512
or as email attachments to gerald.nyambane@davenport.edu



Recommendation for Study Abroad

Applicant must fully complete the top portion of both pages of this form!

Name of Applicant: _____ Study Abroad Program: _____

Student ID Number: _____ Semester/Term Abroad: _____

STUDENT WAIVER STATEMENT: In accordance with the “Family Educational Rights and Privacy Act of 1974,” Davenport University recognizes that students enrolled in Study Abroad Programs have the right to inspect and review all materials in their files *unless* they sign the following statement:

I understand my right under the provisions of PL 93-380.513 as amended 20 US Code Section 1232G et al. to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future. This waiver will remain in effect until I notify, in writing, the University, at which time this document will be removed from my file and returned to the author, or until this recommendation is destroyed.

(Signature of Applicant)

(Date)

INSTRUCTIONS FOR THE INDIVIDUAL COMPLETING THE RECOMMENDATION FORM:

THE STUDENT’S APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS RECOMMENDATION. PLACE THE COMPLETED FORM IN A SEALED ENVELOPE AND SIGN ACROSS THE BACK FLAP FOR SECURITY. THE SEALED ENVELOPE MAY BE GIVEN TO THE STUDENT FOR FORWARDING WITH HIS OR HER APPLICATION. OR, IF YOU PREFER, RETURN THE RECOMMENDATION DIRECTLY TO THE DU STUDY ABROAD OFFICE (ADDRESS ON PAGE 2).

Instructions: The above student is applying for admission to the Study Abroad Program. Study abroad places unusual demands on a student that require a greater degree of adaptability, maturity, sensitivity, academic concentration and self-discipline than is usually necessary on a home campus. We would benefit greatly from your insights about this student’s traits and abilities. If the student has signed the release above, the confidentiality of your comments will be strictly maintained.

How long have you known the applicant?

In what context have you known the applicant?

Name of Applicant: _____ Student ID Number: _____

Please rate the applicant on the traits below; circle the most appropriate number for each trait according to the following scale:

U- Unknown; 1 – Poor; 2 – Fair; 3 – Good; 4 – Excellent

Academic Ability	U 1 2 3 4	Linguistic Ability	U 1 2 3 4
Adaptability	U 1 2 3 4	Intellectual Curiosity	U 1 2 3 4
Ability to Communicate	U 1 2 3 4	Dedication/Seriousness	U 1 2 3 4
Ability to Cooperate	U 1 2 3 4	Self-Reliance	U 1 2 3 4
Emotional Stability	U 1 2 3 4	Ability to Withstand Stress	U 1 2 3 4

What is the applicant’s strongest attribute?

What characteristic of the applicant might be a liability?

What is your opinion of this individual’s chances for success in this Study Abroad Program?

Considering your overall evaluation of this applicant, what is your recommendation for his or her participation in this Study Abroad Program? (Check one.)

Do Not Recommend Recommend w/ Reservation Recommend Strongly Recommend

Name of Reference: _____ Title: _____

Signature of Reference: _____ Date: _____

E-mail: _____ Phone: _____

Thank you for your time and for your consideration of this student for the study abroad program.

Please return this form to:
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Office of Global Programs, Room 217
Dr. Gerald Nyambane
6191 Kraft Avenue
Grand Rapids, MI 49512



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Do Not Recommend Recommend w/ Reservation Recommend Strongly Recommend

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