

## SHORT-TERM STUDY ABROAD APPLICATION

Program Leader: Please check application status office:

□ Accepted □ Not Accepted □ Waitlisted

Please complete all information on this application form in PRINT. Please take some time to reflect on the questions and answer each as completely as possible. Some professors may require <u>a personal interview</u> as part of the application process. You will be informed if this is the case. You must submit an <u>unofficial transcript with this application</u>. You must be in good academic standing with the college in order to be considered for a scholarship.

Program Leader:   Phone Number:   Personal Email:
Personal Email:
School Email:
Polk State ID:
Polk State Home Campus:
Major:
Current GPA:
Polk State Employee? (yes/no)
Spouse/Child of Employee?
Related to Program Leader?

**III. GENERAL STUDY ABROAD PROGRAM QUESTIONNAIRE** 

Do you have any health conditions (depression, allergies, asthma, back problems, problems walking for long periods of time, dietary restrictions, disabilities requiring special access, etc.) that might affect your travel needs?

Are you equipped both mentally and physically to deal with the expectations of this study abroad program as described on the website?

Have you ever been or are you currently on disciplinary probation? Please explain.

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What kind of person are you (independent, easy going, shy, etc.) and why are you interested in traveling on this study abroad program?

What are your special interests and/or talents (academic subjects, hobbies, sports, etc.)?

Have you ever traveled abroad? Briefly describe the experience and what you learned from it.

What are some of your expectations about the program and the experience?

How will this program experience fit with your academic and professional goals?

How will you prepare for your trip in order to maximize your learning experience?

What will you contribute to this group experience?

How will you share what you have learned during this program with other students? (Suggestions: teach a lesson in a course, present at a information session, work a booth at a college event.)

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## Study Abroad Application Agreement – IMPORTANT! PLEASE READ, INITIAL, AND SIGN.

\_\_\_\_\_I understand that my selection will be based in part upon my application responses which will be ranked against other applicants. Completion of this application does not guarantee selection for this program, nor does it mean that I am guaranteed a scholarship award.

\_\_\_\_\_I am aware that I will be asked to pay a **NON-REFUNDABLE** program deposit and balance by the dates specified on the website, and that these dates are not flexible. If I do not have the funds available on the deadline date, my seat may be given to the next student on the waitlist. I understand that once I pay the program deposit, it will NOT be refunded for ANY reason.

\_\_\_\_\_I understand that the program fees are **ESTIMATES**. If the program fee comes in higher, I will be responsible for paying the additional costs. If the program fee comes in lower, my scholarship award will be adjusted so that it does not exceed 50 percent of the total program costs.

\_\_\_\_\_I understand that if I cancel at any time after my program payments, I will be responsible for any cancellations fees from the program provider and payment of my airline ticket.

\_\_\_\_\_I understand that it is my responsibility to review the medical/trip insurance coverage to understand what it includes. I am aware that I can purchase additional coverage on my own if I so choose.

\_\_\_\_\_I understand that I am required to attend all pre-departure orientation sessions and a re-entry orientation session as scheduled by the Program Leader. I understand that my grade can be impacted for non-attendance.

\_\_\_\_\_I understand that if I do not currently have a valid passport, I will need to begin that process immediately upon acceptance notification. If this is a program that requires Polk State to purchase the airline tickets and my passport has not arrived, Polk State will not wait. I am aware that my airline ticket will be purchased upon receipt of my passport, and I am not guaranteed the same cost or flight itinerary as the rest of the group.

\_\_\_\_\_I understand that it is my responsibility to have extra funds in the event of an emergency situation abroad. Should the group get stranded, I will be responsible for paying all expenses including meals, hotel, and airfare.

\_\_\_\_\_I understand it will be my responsibility to submit a claim to the insurance company for reimbursement when I return to the United States.

Signature:	Date:
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