

Marquette University

MARQUETTE STUDY ABROAD APPLICATION

Please submit this form and supporting documents to the appropriate office by the indicated deadline.

Business students should return their applications to the International Business Office, David Straz 101.

Students from all other colleges should return their applications to the Office of International Education, AMU 425.

NOTE: Business students will receive their academic recommendation from Dr. Jamishid Hosseini, Director of International Business Programs

Please Print

Term for which you are applying : Full Academic Year 20____ – ____ *Deadline: March 1*

Fall term only 20____ *Deadline: March 1* Spring term only 20____ *Deadline: Oct. 1* Summer 20____ *Deadline: March 1*

**if deadline falls on a weekend, forms must be submitted the following business day.*

Program Information

Please list the three programs, in order of preference, for which you would like to apply:

1st Program Choice:

Program Title and Location: _____ Provider _____
(city, country)

2nd Program Choice:

Program Title and Location: _____ Provider _____
(city, country)

3rd Program Choice:

Program Title and Location: _____ Provider _____
(city, country)

Personal information

Last name _____ First name _____

Marquette University ID _____

Date of birth _____ (MM/DD/YY)

Citizenship: U.S. citizen Permanent resident not a U.S. citizen or permanent resident

Passport number _____ Valid until _____

Check here if you are in the process of applying for a passport (*you must give your passport number to OIE as soon as you have your passport*).

Permanent address

Address _____

City _____ State _____ ZIP _____

Home telephone (_____) _____

Current address

Address _____

City _____ State _____ ZIP _____

Current telephone (_____) _____ E-mail address _____

*For Marquette students, your e-Marq address will be used as the primary means of communicating with you before, while and after you study abroad.

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Emergency contact

Name _____ Relationship _____

Address _____

City _____ State _____ ZIP _____

Day Phone (_____) _____ E-mail address _____

Evening Phone (_____) _____

Alternate Emergency Contact (will be used if unable to contact the person above)

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

Cell _____ Email Address _____

Academic and Disciplinary Information:

Are you a Marquette student? Yes No If no, college you attend _____

Are you currently seeking a degree at the institution named above? Yes No

Present class-standing: Freshman Sophomore Junior Senior Graduate Expected graduation date: _____

Year in school during term abroad: First (Freshman) Second (Sophomore) Third (Junior) Fourth (Senior)

Note: For summer study abroad, check the year that you will have just completed by the time you study abroad.

College: AS BUAD COMM EDUC ENG HS NURS OTHER _____

Major(s): _____ Minor(s): _____ Declared? Yes No

Cumulative GPA: _____ Adviser: _____

Foreign Languages Studied: _____

Highest Language Level Achieved: _____

I am not currently on academic probation

I am not currently on disciplinary probation

Note: All student records will be checked

Statement of Purpose

As a part of your application to study abroad, we ask that you write a statement of purpose outlining your goals for study abroad and how you will achieve them. This statement will assist you in beginning to think about how you will structure your study abroad experiences in order to maximize your time overseas. Additionally, it will also help the admissions committee assess your seriousness of intent, your readiness to adapt to the overseas academic and cultural environment, and your ability to positively represent Marquette and the U.S.

Please consider the following prompts in a typed, double-spaced essay of no more than two pages (approximately 750 words). **Note: If you are applying to a primarily non-English semester program, your essay must be written in the language of your program.**

1. Please define your primary learning outcomes/goals for study abroad with the program you are applying for.
 - What knowledge do I hope to gain?
 - What skills do I hope to develop?
 - What do I hope to learn about myself?
2. Taking into consideration your country and program, please explain the specific actions/strategies you intend to utilize to obtain your learning outcomes.
3. Finally, please identify how you will know that you have successfully achieved your learning objective and how you will demonstrate this.

Other information

Do you plan to apply for federal aid through Marquette University? yes no

Do you have Marquette Scholarship(s) or grant(s)? yes no If yes, which: _____

Do you authorize Marquette to release your name and address to present or potential participants in the program? yes no

Do you authorize Marquette University to send your transcripts to the institution you are applying for? yes no

Do you grant Marquette University's Office of International Education access to your confidential biographical and academic information, including but not limited to your gender, GPA and academic standing? I understand that the Office of International Education will use this information only to review and process my application, and will protect my information as per the provisions of the Family Educational Rights and Privacy Act (commonly known as FERPA) and Marquette's FERPA policy. If you have any questions about FERPA or its provisions, please feel free to contact the Office of the Registrar at (414) 288-7034. yes no

How did you hear about your program choice? Please check all that apply.

- Family member Study Abroad fair
 Friend Program brochure
 Professor Web site - please specify: _____
 Adviser Study Abroad Guide - please specify: _____
 Past participant _____
 Class visit Other _____
 Information meeting

Agreement

I hereby submit my application for a study abroad program for the academic period indicated. If admitted to the program, I specifically agree to be bound by all rules and regulations which may be issued for the administration of the program, and to conduct myself as a responsible representative of my university and country. I agree to familiarize myself with the consequences of changing my plans after this application and to notify the Office of International Education in the event I do change my plans. I certify that I am not currently on academic or disciplinary probation and will notify the Office of International Education if my status changes.

Name: _____
Last First Middle Nickname

Date: _____ Signature: _____

Signature of parent(s) or guardian(s)#: _____

#If applicant is under age 18 at time of application, a parent or guardian must sign. If applicant is over age 18 at time of application, applicant's own signature is sufficient.