



Application for 2020 Faculty Led Short Term Study Abroad Programs

Program Choice (mark one appropriate box)

See page 2 for program specific application and payment deadlines.

China--
Program fee \$5050

European Sport Business --
Program fee \$6995

European Business & Culture--
Program fee \$5995

Personal Data

– using a pen, print in CAPITAL letters in ink (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 on financing your study abroad program

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

Applying for one of the faculty-led study abroad programs listed on this form

Have / or will schedule at least 6 credit hours (3 credit hours for graduate students) during the spring – summer semester in order to access available financial aid

Have you previously studied abroad? No 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

EuroBiz Application and Payment Requirements:

- Applications received from September 1 through November 15, 2019, if accepted to program, a non-refundable \$500 deposit must be paid by December 15, 2019 and remainder of program fee paid by March 15, 2020.
- Applications received from November 16, 2019 to January 15, 2020, if space available and accepted to program, the non-refundable full program fee must be paid by March 15, 2020.

China Application and Payment Requirements:

- Applications received from September 1 through December 30, 2019, if accepted to program, a non-refundable \$500 deposit must be paid by January 15, 2020 and remainder of program fee must be paid by March 15, 2020.
- Applications received from December 30, 2019 to January 15, 2020, if space available and accepted to program, the non-refundable full program fee must be paid by March 15, 2020.

European Sport Business Application and Payment Requirements:

- Applications received from September 1 through December 5, 2019, if accepted to program, a non-refundable \$500 deposit must be paid by December 13, 2019 and remainder of program fee must be paid by March 27, 2020.
- Applications received from December 5, 2019 to January 15, 2020, if space available and accepted to program, the non-refundable full program fee must be paid by May 27, 2020.

In the unlikely event the University cancels the program, students will receive a refund of payments made as of the date of cancellation, less any money already spent. 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)

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:
Davenport University
Office of Global Programs, Room 217
Dr. Gerald Nyambane
6191 Kraft Avenue
Grand Rapids, MI 49512



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(Signature of Applicant)

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