

APPLICATION FORM
SUMMER 2008

Today's date: _____

Last Name First Name Middle Initial

TUId _____ Date of Birth ____/____/____
(if you are a non-Temple student, please write your Social Security number; you will be issued your own TUId at a later date.)

Colleges/Universities attended (including Temple University):

1. _____

2. _____

Academic Status (circle one): Sophomore Junior Senior Graduate

Major Area of Study: _____ Cumulative GPA: _____

Total undergraduate semester hours earned to date: _____ Graduate credits: _____

Total number of semester hours in: Broadcasting, Telecommunications and Mass Media _____

Journalism _____ Film and Media Arts _____ Other communications course work _____

Permanent Mailing Address:

Street Address

City State Zip Home Phone

School (or other) Address where mail can reach you from (dates) _____ to _____:

Street Address

City State Zip Cell Phone

Email address (required): _____

How did you learn about this program?

ADDITIONAL REQUIREMENTS:

- On a separate sheet, type a statement essay of 450 to 500 words explaining why you want to enroll in the summer program and how you expect to benefit from the experience.
- Send up-to-date official transcripts from all colleges/universities (including Temple) to the address below.
- Complete the application and consent form, add a \$250 application fee (check or money order made payable to "Temple University") and mail to:

TEMPLE DUBLIN
School of Communications and Theater
2020 N. 13th Street
Annenberg Hall, Room 13E
Temple University
Philadelphia, PA 19122

****Your application fee will be refunded if are not accepted to the program.**

APPLICATION FORM
ACADEMIC REFERENCE

CONFIDENTIAL Academic Reference for: _____

To the Referee:

To aid in the assessment of the above student's potential for a successful adjustment to a program of overseas study in Dublin, we would appreciate your commenting and returning this form directly to:

13E Annenberg Hall
School of Communications and Theater
Temple University
Philadelphia, Pa 19122

Thank you for your cooperation.

1. How long, and in what capacity have you known the applicant?

2. What would you consider the student's strongest qualities?

3. At what disadvantage, if any, might this student be in a program of foreign study structured to give the student maximum freedom?

4. Our program is at its best when the students quiz the teachers. Please comment on the likelihood that this student will, on her/his own initiative, actively participate in class.

5. What is your estimate of the clarity and substance of the student's written work?

6. Please rate this student according to the following:

	Below Average	Average	Good	Outstanding	Cannot Judge
Academic Motivation	_____	_____	_____	_____	_____
Self-reliance and Independence	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____
Ability to adjust to foreign culture	_____	_____	_____	_____	_____

Signed _____ Date _____

Referee Name (please print) _____ Email _____

Address _____ Phone _____

HOME COLLEGE/UNIVERSITY APPROVAL FORM FOR NON-TEMPLE STUDENTS

To The Student: Please read and sign below:

An important element of your application to study at Temple University London is securing the approval of your home institution to study abroad. This form is designed to facilitate that process. This form is intended for your Study Abroad Advisor, Dean or whichever official on campus is responsible for approving your participation in a study abroad program. Please indicate whether or not you waive your right of access, sign below and give the form to the appropriate official. That person should return the form directly to SCT International Programs, Temple University.

Name of Applicant Social Security Number*

I hereby authorize _____ to complete this form and ask that form to be sent directly to SCT International Program, Temple University. I understand that this document will be used to evaluate my qualifications for Temple London and will be part of my application file. Under provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation. **YES NO**

Applicant Signature Date

**Temple University respects your right to privacy and is committed to assuring accuracy, security, and confidentiality of the personal and confidential information that is collected and maintained on your behalf. Temple University will disclose a student's Social Security Number to any non-Temple related third party only with the consent of that student in compliance with the University's Student Records Confidentiality Policy or as mandated by law without the consent of the student.*

To the student's Study Abroad Advisor, Dean, or other official responsible for approving participation in study abroad programs:

This student is applying to study at Temple University London. We ask that all students be degree-seeking students fully enrolled at a U.S. college or university, and that they receive the approval of their home institution. At Temple University London, they will be carrying a full course load with the expectation of earning credit toward their undergraduate degree. Please feel free to add any comments on a separate sheet of paper, or, on the back of this form, which might assist the admissions committee.

Has the applicant ever been subjected to disciplinary action or proceedings for academic or personal misconduct, or subject to any action for academic insufficiency, at any college or university?
YES NO If yes, please explain on back.

Does this student have your approval to study at Temple University London? If no, please explain on back. **YES NO**

Signature Date

Name Title Institution

Address

Phone Fax E-mail

Please return this form to: SCT International Programs, Temple University, 13E Annenberg Hall, 2020 North 13th Street, Philadelphia, PA 19122, fax: 215-204-6641.