

**TEMPLE LONDON**

Check one:

Fall: \_\_\_\_\_ (Year: \_\_\_\_\_)

Spring: \_\_\_\_\_ (Year: \_\_\_\_\_)

**Application Form**  
**TEMPLE UNIVERSITY**

Of the Commonwealth System of Higher Education  
PHILADELPHIA, PENNSYLVANIA 19122  
(Completing this form does NOT make the applicant a degree candidate)

TUID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (m/f) \_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Please print

Email Address (required) \_\_\_\_\_

Are you seeking graduate credit for the courses you plan to take while attending Temple? (y/n) \_\_\_\_\_

**Colleges or Universities Attended (including all Temple University campuses)**

Name of Institution	Location	Dates Attended	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____

**SCHOOL (OR OTHER) ADDRESS**, where mail will reach you from (dates) \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERMANENT ADDRESS** (where mail can always reach you):

Street: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**SUMMER MAILING ADDRESS** (where mail will reach you from (dates) \_\_\_\_\_ to \_\_\_\_\_):

Street: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT, GUARDIAN, or, NEXT OF KIN ADDRESS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (cell) \_\_\_\_\_ (home/work) \_\_\_\_\_

**TEMPLE LONDON**

**APPLICATION FORM**

Student Name \_\_\_\_\_ TUID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Academic Classification (circle one):

Freshman      Sophomore      Junior      Senior      Graduate student      Other

Major area of study: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Total credits earned to date of study in London: \_\_\_\_\_

Credits earned in:

THEATER: \_\_\_\_\_ FILM & MEDIA ARTS: \_\_\_\_\_ JOURNALISM: \_\_\_\_\_ STOC: \_\_\_\_\_

BTMM: \_\_\_\_\_ ADVERTISING: \_\_\_\_\_ OTHER COMMUNICATIONS: \_\_\_\_\_

What is your anticipated date of graduation?

\_\_\_\_\_

Work and other experience relevant to Temple London (in radio, television, film, journalism, theater):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous travel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Temple London program?

\_\_\_\_\_

**REFERENCES**

Two academic references are required. Give the name, institution, department, and email of the college faculty you select. Have them complete and return the forms supplied in the application packet.

1. \_\_\_\_\_
2. \_\_\_\_\_

# TEMPLE LONDON

Student Name \_\_\_\_\_ TUID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name and Country of your citizenship: \_\_\_\_\_

In what state and country do you claim legal residence? \_\_\_\_\_  
(Temple University reserves the right to request documentary evidence in support of your claim of residence)

If you claim Pennsylvania residence, will you have resided in PA for 12 consecutive months preceding your entry into Temple University? \_\_\_\_\_yes \_\_\_\_\_no

Have you been a student during the past twelve months? \_\_\_\_\_no \_\_\_\_\_yes If yes, where?  
\_\_\_\_\_

I am now and have been a legal resident of the state of \_\_\_\_\_ since (month/year)\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this form are correct and complete.

Signature of Applicant (required) \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT SELF-EVALUATION**

Please submit a typed response to the question below. This is a very important part of your application, so think through your response before writing.

Describe the present state of your academic work and then tell how you would like Temple London to contribute to your personal and academic development.

**Please find the brochure for the Spring 2010 program online at:**

**[http://www.temple.edu/sct/studentaffairs/study\\_abroad/index.html](http://www.temple.edu/sct/studentaffairs/study_abroad/index.html)**

**Please submit all application materials to the following address:**

Study Away Programs  
Room 6 Annenberg Hall  
School of Communication and Theater  
Temple University  
Philadelphia, PA 19122  
Fax: 215-204-6641

# TEMPLE LONDON

## APPLICATION FOR LONDON INTERNSHIP

Students interested in an internship through the London Program should fill out this page and submit a resume of relevant experience. Internships will be on an unpaid basis for two days of work per week. They will be professionally relevant, at an American or British organization in London. Selection for the intern program will enable a student to register for BTMM 4785 or FMA 3085 for 4 s.h., or Journalism 3885 or Theater 3082 for 3 s.h. (see course list). Enrollment is subject to the availability of openings. If a student is not able to be placed by the Temple Program, she or he can look for an internship on her/his own and integrate that internship into a Special Projects course in Journalism or Theater for 1-3 s.h. (see course list). We ask that students do not approach those employers who take London Program interns.

Students should be aware that BBC or Independent television and radio internships are not available. Nor are placements in English newspapers or magazines. Unions strictly control the communications industry in England. Theater students should be aware that there is no likelihood that they will have an internship involved in anything backstage – again, for reasons of unionization. “Front office” work of an administrative or PR nature is all we offer in British theaters. Please accept this as an accurate description of the limits of our internship program. Should you hear about an exception to the above, please realize that that is what it is – an exception.

Temple students who are Journalism majors should be aware that they can only take 3 credits of Journalism 3885. Temple students, who are BTMM or FMA majors, should be aware that they cannot take BTMM 4785 or FMA 3085 again in Philadelphia. They can take BTMM 4682 or FMA 4282. Only six semester hours of intern, extern, or co-op type study can be used toward the 124-126 semester hours needed for graduation.

Non-Temple students should check with their home school to determine if internship credit will be transferable.

Student Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Major Area: \_\_\_\_\_

### COURSES IN COMMUNICATIONS AND GRADES RECEIVED:

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

Professional Experience: \_\_\_\_\_

\_\_\_\_\_

Career Objective: \_\_\_\_\_

**A RESUME OF RELEVANT EXPERIENCE MUST BE SUBMITTED WITH THIS APPLICATION.**

# TEMPLE LONDON

## CONSENT AND RELEASE

For the Temple London semester (date): \_\_\_\_\_

This form is to be completed and signed by the Student, and if the Student will not have reached the age of 18 by the beginning date of the semester in London, by the student's parent(s) or guardian(s) and returned with the rest of the application.

The undersigned are \_\_\_\_\_ ("Student") and

\_\_\_\_\_ and \_\_\_\_\_ ("Parent" or "Guardian")  
Name of Father or Guardian                      Name of Mother or Guardian

Who are the parents or guardians of the Student. We, the undersigned, intending to be legally bound, hereby agree and consent to the Student's attendance at and participation in a program of sessions which shall comprise the program of study to be conducted by Temple University – of the Commonwealth System of Higher Education ("University") in London, during the period of the semester \_\_\_\_\_

We understand and agree that any and all liability that the University may have to us with respect to such attendance and participation is limited solely to the conduct by the University of the sessions, which shall comprise the program of study titled "Communications and Theater in London." We understand and agree that we shall be responsible for and shall have sole liability for (a) travel by the student to and return from London and during the period of the program, (b) hotel and eating accommodations during such travel and attendance at the program, and (c) such other activities which the Student may undertake exclusive of attendance at and preparation in the program of study. I further understand that my personal responsibility shall include the overnight regional theater trip as well as other voluntary field trips. In consideration for the admission of the Student to the program of study and other good and valuable considerations and intending to be legally bound, we hereby release the University, its officers, agents, servants, and employees from any liability arising out of injury, damage, or any claim of any kind suffered or incurred by the Student or by the Parents or Guardians and as a direct or indirect result of the Student's attendance at and participation in the program of study set forth herein.

### Cancelation and Refund Policy:

If a student withdraws by notifying FIE in writing, the following amounts will be refunded:

If a student withdraws 31 days or more prior to the first day of the program, you will receive 100% of the total program fee minus the deposit of \$500.

If a student withdraws 30 days or less prior to the first day of the program, you will receive 10% of the total program fee minus the deposit of \$500.

If a student withdraws on the first day and thereafter of the program start date, no refund will be issued.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Father or Guardian

\_\_\_\_\_  
Signature of Mother or Guardian

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 London, we would appreciate your commenting and returning this form directly to:

Room 6 Annenberg Hall, School of Communication and Theater  
Temple University, Philadelphia, Pa 19122  
Fax: 215-204-6641 Phone: 215-204-6535

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 \_\_\_\_\_ Phone \_\_\_\_\_

ACADEMIC REFERENCE

CONFIDENTIAL Academic Reference for: \_\_\_\_\_

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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:

Table with 5 columns: Below Average, Average, Good, Outstanding, Cannot Judge. Rows include Academic Motivation, Self-reliance and Independence, Intellectual Ability, and Ability to adjust to foreign culture.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Referee Name (please print): \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

# TEMPLE LONDON

## 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 so, 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 Study Away Programs, Temple University, Room 6 Annenberg Hall, 2020 North 13<sup>th</sup> Street, Philadelphia, PA 19122, fax: 215-204-6641, ph. 215-204-6535, email: [sctsa@temple.edu](mailto:sctsa@temple.edu).