

Languages Spoken and Level of Proficiency _____

Extracurricular Activities _____

International Experiences — Study or Travel

Place	Purpose	Duration	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Information

1. Name _____	2. Name _____
Relationship to You _____	Relationship to You _____
Work Telephone _____	Work Telephone _____
Home Telephone _____	Home Telephone _____
E-mail Address _____	E-mail Address _____

Financial Aid

If you will be expecting financial aid for summer study, please indicate sources, amounts and expected disbursement dates.

Source	Amount	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please let us know how you learned about Temple's programs abroad:

<input type="radio"/> Study Abroad Advisor	<input type="radio"/> Academic Advisor	<input type="radio"/> Faculty
<input type="radio"/> Friends	<input type="radio"/> Campus Publicity	<input type="radio"/> Internet
<input type="radio"/> Study Abroad Fair		

Publications _____ (Title) Other _____

Preliminary Course Selection *(to be completed only by students applying to the Japan Art Workshop, Rome, Mexico, and Spain programs).*

Please note that this is not a binding registration. Actual registration materials are included in the pre-departure information provided to all students, but we would appreciate knowing at this time what courses you are interested in taking abroad. I am interested in enrolling in the following courses:

FIRST CHOICES 1. _____ 2. _____

ALTERNATIVES 1. _____ 2. _____

Housing Selection *(to be completed only by students applying to the Paris and Spain programs).* If you are applying for the Paris or Spain programs, please indicate here your housing preference (please choose one of the housing options):

Paris

- Foyer International Des Etudiants
- Pension
- French Family

Spain

- Spanish Family
- University Residence

Agreements

- I authorize the Temple University International Programs staff to have access to my educational records, disciplinary records, and all information contained in those records, maintained by Temple, or any other educational institution that I have attended, and to share such records and information with the summer programs abroad director(s).
- I certify that the statements I have made on the Application Form are correct and agree to notify Temple University if I should fail to remain in good academic and/or disciplinary standing at my home institution or if there is a change in circumstances which might compromise my success in studying abroad.

Signature of Applicant

Date

Parent's Signature (if applicant is under 19)

Photography Waiver: I waive all rights of access and give permission to Temple University to use photographs taken at Temple University overseas events for future Temple University-sponsored publications, advertisements, presentations, and Web sites.

Signature of Applicant

Date

Release of Contact Information

I authorize Temple University International Programs staff to release my name and e-mail address to other program participants.

Signature of Applicant

Date

NON-TEMPLE STUDENTS MUST COMPLETE THE FOLLOWING SECTION:

STATEMENT OF LEGAL RESIDENCE

- Country of your citizenship _____ Do you presently reside in Pennsylvania? Yes No
- In what state and county do you claim permanent legal residence? _____
State County
- If you claim Pennsylvania residence, will you have lived in Pennsylvania for 12 consecutive months preceding your entry into Temple University?
 Yes No
- If currently in military service, are you assigned to active duty at a Pennsylvania military installation? Yes No
- If you are the spouse or dependent of a military person assigned to active duty at a Pennsylvania military installation, please indicate relationship
 SPOUSE DEPENDENT
- I am now, and have been since _____, _____ a legal resident of the state of _____
Month Year

Temple University reserves the right to request documentary evidence in support of your claim of legal residence. Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made in this Statement of Legal Residence are correct and complete.

Signature of Applicant (required)

Date

Submitting Your Application

Your completed application, including supporting documents, must be received in the International Programs office by the program application deadline. All applicants, regardless of program, must also submit:

- Official transcript(s) of all previously completed college-level work. (For Temple students, official Temple University transcripts are requested from the Academic Records Office, Conwell Hall, 2nd floor.)
- An academic reference completed on the attached form by a faculty member who has taught you recently.
- Non-Temple students must also submit the attached Home College Approval form and a non-refundable application fee of \$50.00 made payable to Temple University.
- Certain programs have additional application requirements; please refer to the program description for any other application requirements specific to the program for which you are applying.

Please submit completed application and supporting documents to:

Temple University International Programs, 200 Tuttleman Learning Center
1809 N. 13th Street, Philadelphia, PA 19122 Tel: 215-204-0720 Fax: 215-204-0729

Temple University Summer Programs ACADEMIC REFERENCE FORM

To the Applicant: Please complete this section before giving the form to your referee. Be sure to indicate whether or not you waive your right of access and then sign on the signature line.

Name of Applicant

Summer Abroad Program

I hereby authorize _____ to complete this form and ask that the form be sent directly to International Programs, Temple University. I understand that this document will be used to evaluate my qualifications for study abroad and will be part of my application file. Under the 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** _____

To the Referee: *To aid in assessing the above applicant's potential for successfully completing a program of study abroad, we would appreciate your commenting and returning this form to the address below. Please attach an additional sheet of paper if necessary. Thank you for your cooperation.*

1. In what course(s) have you taught the applicant and in what semester(s)?

2. Please comment on the applicant according to the following guidelines:

- Academic motivation and intellectual ability

- Maturity and emotional stability

- Self-reliance and independence

- Flexibility and ability to make a satisfactory adjustment to study abroad

3. Would the applicant make a positive impression abroad?

Signed _____ Date _____

Name _____ Title _____ E-mail Address _____

Department _____ Institution _____

Please return this form to: International Programs, Temple University, 200 Tuttleman Learning Center, 1809 N. 13th St., Philadelphia, PA 19122, fax: 215-204-0729. Application deadline: February 15. Although this is the final deadline, students are accepted on a rolling-admissions basis.

Temple University Summer Programs

HOME COLLEGE APPROVAL FORM for Non-Temple Students

Name of Applicant

Social Security Number*

Summer Abroad Program

TO THE STUDENT: *An important element of your application to study abroad is securing the approval of your home institution to study abroad. This form is designed to facilitate that process. It 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 International Programs, Temple University.*

I hereby authorize _____ to complete this form and ask that the form be sent directly to International Programs, Temple University. I understand that this document will be used to evaluate my qualifications for Temple's summer programs abroad and will be part of my application file. Under the 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

Authorization to Provide Transcripts

At the conclusion of your program, the Temple University registrar will provide an official transcript for credit transfer, showing grades and semester hours of credit earned in all courses undertaken. In order to have an official transcript sent to your home college, you must sign the authorization below, and you must be sure that your home college advisor provides an accurate address below indicating where the transcript should be sent. I authorize the Temple University Registrar to forward an official transcript to the appropriate official(s) at my home institution.

Applicant Signature

Date

* Temple students must enter their Temple ID, not their Social Security Number. Non-Temple students should enter their Social Security number. Temple University requests your Social Security number (SSN) because federal, state, and local law requires the University to report the name, address and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/get-doc.asp?policy_no=04.75.11).

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 abroad through Temple University. 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. While they are studying abroad on a Temple program, they will be carrying a full course load with the expectation of earning credit toward their undergraduate or graduate degree. Please feel free to add any comments that might assist the admissions committee. Use other side if necessary.

Does this student have your approval to study abroad with Temple University? Yes No **If no, please explain on back.**

Signature

Date

Name

Title

Institution

Address

Phone

Fax

E-mail Address

After the student completes the study abroad program, the Temple University Registrar will provide an official transcript for credit transfer, showing appropriate grades and semester hours of credit in all courses undertaken. Please indicate below where the student's Temple University transcript should be sent.

Name

Title

Institution

Address

Phone

Fax

E-mail Address

Please return this form to: International Programs, Temple University, 200 Tuttleman Learning Center (008-00), 1809 North 13th Street, Philadelphia, PA 19122; fax: 215-204-0729.

Application deadline: February 15. Although this is the final deadline, students are accepted on a rolling-admissions basis.