

## Study Abroad Application 2010-2011

STUDENT NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_

### Steps to apply:

- I. Meet with Director of Office of International Studies.
  - a. Choose program.
  - b. Obtain Study Abroad Application.
  - c. Obtain "Course Request Form"
- II. Return completed and signed Application and Course Request Form to Office of International Studies.
- III. Apply for chosen program.
- IV. Meet with Director of Office of International Studies after being accepted/not accepted to chosen program.

### I. APPROVAL AND PROCEDURES FORM

For students interested in a Study Abroad Programs they must first obtain signature approval from the following three areas to verify that the student is in good standing at LeTourneau University prior to making arrangements for study abroad.

**Vice President for Financial Affairs**  
 \_\_\_\_\_ (Signature) Date \_\_\_\_\_

**Associate Vice President for Academic Affairs**  
 \_\_\_\_\_ (Signature) Date \_\_\_\_\_

**Dean of Students**  
 \_\_\_\_\_ (Signature) Date \_\_\_\_\_

### II. ADMISSION CRITERIA

1. LeTourneau University students must meet the admissions criteria as set forth by the LeTourneau University catalog.
2. LeTourneau University students studying abroad with another university will also be considered officially enrolled at LeTourneau University.

### III. ACADEMIC ADVISEMENT

1. A student must meet with their academic advisor and School Dean to review the catalog of courses available for their study abroad to determine courses to study and to complete the course request form for the courses to be taken. This form is obtained from the Office of International Studies.

**Academic Advisor**  
 \_\_\_\_\_ (Signature) Date \_\_\_\_\_

**School Dean**  
 \_\_\_\_\_ (Signature) Date \_\_\_\_\_

**IV. FINANCIAL RESPONSIBILITY**

The student must visit with their financial aid counselor (if applying for financial aid) and with their Student accounts representative to make payment arrangements for their study their chosen university.

     /      / **Financial Aid Counselor**

\_\_\_\_\_ (Signature) Date \_\_\_\_\_

     /      / **Student Accounts Representative**

\_\_\_\_\_ (Signature) Date \_\_\_\_\_

Financial aid may or may not apply toward your chosen program. Please see your financial aid counselor to discuss what options might be available. All students are encouraged to seek outside scholarships and/or grants for their trips.

LeTourneau University students studying abroad will be financially responsible for all tuition, room, board, books and fees incurred while attending their chosen University. Form of payment will depend on the program, with some payments going through LeTourneau and others going directly to the program.

LeTourneau University students will be assessed a \$300.00 administrative fee for each semester in attendance out of residence.

LeTourneau University students attending a university abroad will be financially responsible for all travel costs incurred in traveling to and from said university and any other personal items purchased during study at said university.

LeTourneau University will not be responsible for any medical expenses incurred by LeTourneau University students while attending a university abroad program. LeTourneau University students must have proof of medical insurance prior to approval for international study.

**V. CAMPUS AND COMMUNITY EXPECTATIONS**

LeTourneau University students are expected to abide by the tenets of the LeTourneau University Student Handbook as well as any student guidelines as set by the university where the student is studying away from LeTourneau University.. Any disciplinary action taken by said university against a LeTourneau University student will be communicated by said university, and the LeTourneau University student will be subject to disciplinary measures upon return to LeTourneau University.

     /      / **Student Signature**

\_\_\_\_\_ (Signature) Date \_\_\_\_\_

**VI. ACADEMIC RESPONSIBILITY**

The student must complete registration according to the calendar established for registration at LeTourneau University for either the fall or spring term. After this study abroad form and the course request form have been completed, please return both original forms to the Office of International Studies, a copy to the Office of the Registrars and keep a copy.

     /      / **University Registrar**

\_\_\_\_\_ (Signature) Date \_\_\_\_\_

**VII. OFFICE OF INTERNATIONAL STUDIES**

The student must visit with the Director of the Office of International Studies to communicate the schedule of courses selected for study, to review the checklist for international travel, and to obtain the required signature.

     /      / **Director of the Office of International Studies**

\_\_\_\_\_ (Signature) Date \_\_\_\_\_

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**Office Use Only**

Initial Advisement: \_\_\_\_\_ Application: \_\_\_\_\_ CRF: \_\_\_\_\_ Approval: \_\_\_\_\_