Thank you for your interest in the Study Abroad Program. Please take the time to carefully read all the information contained in this application packet. Please contact the Office of International Students & Scholars for all questions or concerns. These instructions should not be used in lieu of a meeting.

Application Deadlines:  
Fall – March 1st  
Spring – October 1st  

Please use the following checklist to make sure you have returned all the necessary materials. No application will be considered complete without all of the following:

_____1) Two Reference letters (from faculty/academic advisor/chair)
   Bring reference letter to the office in a sealed and signed envelope.

_____2) Judicial Matters Clearance

_____3) Eligibility:  
   Sophomore _____ or  
   Junior _____  
   Graduate _____ (approval required)

_____4) GPA:  2.5 (some require 3.0)

_____5) Essay – 2 page, double-spaced essay explaining how participating in the Study Abroad Program will enhance your academic experience and overall educational objectives at WPUNJ.

_____6) Official Transcript

_____7) Semester Abroad Payment Authorization

_____8) Provider:  
   ____CCIS  ____CEA  ____CIS  ____ISA  ____AIFS  
   ____SEMESTER AT SEA  ____OTHER

You will be required fill out a secondary application from CCIS, CEA, CIS, ISA, AIFS, Semester at sea or Other.
Financial Resources for Study Abroad

If you have financial aid and/or scholarship from William Paterson or wish to inquire about scholarship sources to apply it for Study Abroad you must contact Mrs. Zoya Barry-Chastanet in our Financial Aid Office. Please call 973-720-2185 or email her: barryz@wpunj.edu. Her office is located in Morrison Hall 1\textsuperscript{st} Floor.

Course Selection and Advisement process

You must inform your academic advisor about your plans to study abroad and discuss what coursework you are interested in taking overseas prior to your departure. You will also be required to have pre-approvals for all courses to be taken abroad \textit{“Visiting Authorization Form”} see attached. This will ensure that credits taken overseas will transfer back to William Paterson and be included in your program of study.

William Paterson University
300 Pompton Road
Office of International Students & Scholars
Study Abroad and National Student Exchange Program
Raubinger Hall 2\textsuperscript{nd} Floor Room 207B
Wayne, NJ 07470
Phone: 973-720-2976 Fax: 973-720-2336
Contact: Cinzia Richardson
Email: richardsonc@wpunj.edu
APPLICATION CONDITIONS

I agree to abide by the following guidelines while spending a semester abroad as a William Paterson University student:

1. I agree to attend an One-on-One Meeting and a Pre-departure Orientation with the Office of International Students & Scholars.

2. I will abide by rules, regulations, and policies of the host institution(s).

3. I will become familiar with and abide by the laws of my host country or other countries I visit.

4. I will correspond with the Coordinator of the Study Abroad Program regularly while overseas (further details to be given out at the Pre-Departure Orientation).

5. I will respect the culture and ethnic differences of my host country & of the individuals I meet.

6. My personal conduct will be a credit to my country, my home institution, my family, and to myself.

7. I agree to stay for the full term of my host institution, take the minimum equivalent of twelve (12) credits, and not leave before classes are completed.

8. I will complete all papers, take all required examinations, read all texts, and attend classes as prescribed by my host institution.

9. If housing is provided by a host family or individual, I agree to abide by the policies and standards governing that household.

10. I understand it is my responsibility to prepare all papers to obtain passports, visas, and identification cards.

I understand that participation in the WPU Study Abroad Program carries with it the responsibility to comply with the academic standards, requirements, and policies of the host institution, to respect the opinions and interests of all people involved in this endeavor, and, in general, to conduct myself in a manner that will bring credit to me and my home institution.

I certify that I have not, to the best of my knowledge, misrepresented any information supplied in this application.

____________________________  ___________________
Signature of Participating Student        Date
EMERGENCY TREATMENT PERMISSION AND CONTACT

On rare occasions, an emergency requiring hospitalization and/or surgery may occur. This form is a safeguard to prevent dangerous delay in case of emergency.

THIS INFORMATION IS FOR: ________________________________________________
(Student’s name, First Middle Last)

1. Emergency contact:
   Name: ________________________________________________ Relation: ____________
   Full Address:
   __________________________________________________________
   __________________________________________________________
   Day Phone: (_____) _____________ Evening Phone: (_____) _____________

2. I am insured under:
   Policy Number: ________________________________
   Company Name: ________________________________
   Expiration Date: ________________________________

3. Medicines I am allergic to:
   __________________________________________________________
   __________________________________________________________

4. The following are medical conditions which a physician in another country should be aware of:
   __________________________________________________________
5. In the event of an emergency and we cannot be reached, we give our consent to authorize a representative of the host institution to authorize treatment or hospital care which on the best judgment of a licensed physician is deemed advisable.

Signature of Student ___________________________  Date:___________________
Signature of Parent _____________________________  Date:___________________
Or legal guardian (if applicable)

NOTE:
Make at least three (2) copies of this form: 1 for yourself put inside passport
1 for file in WPU Study Abroad Office
PART I to be completed by the applicant

Name of Student Applicant _____________________________________________

Applying to: _______________________________________________________

School Abroad                Country

Provider:________________________   Semester & Year____________________

Reference requested from ____________________________________________

PART II to be completed by the referee

To the referee: The student named above is applying to the Semester Abroad Program. The Office of International Students & Scholars is concerned that students selected for study abroad be only those who are likely to reflect credit upon his/her home institution. The study abroad program attaches great weight to the applicant’s qualifications that may or may not be reflected in past academic records. Your opinion of the applicant will be of great assistance in the selection process. It is important that your comments be detailed and frank.

Under the 1974 Family Education Rights and Privacy Act, the applicant named above will have the right to view this recommendation unless he/she has waived that right.

Please return this form directly to the student in a signed and sealed envelope. The student will hand in this form with the completed application.
Please rate the applicant in the qualities listed below. Please compare the applicant to other members of his/her peer group.

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<th></th>
<th>Low</th>
<th>Average</th>
<th>High</th>
<th>Unable to Observe</th>
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</thead>
<tbody>
<tr>
<td>Ability to work hard</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Maturity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Self Confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Social Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Reliability</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>Integrity</td>
<td>1</td>
<td>2</td>
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<td>Perseverance</td>
<td>1</td>
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<td>Analytical Skills</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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Please comment specifically in terms of studying abroad:

a) academic suitability
b) personal suitability to adjust
c) other factors which you believe may have a bearing on the applicant’s successful experience.

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

2. What are the applicant’s main talents or strengths?
3. What are the applicant’s main liabilities or weaknesses?

*Attach additional pages if you wish to type the above information or include additional information.

Evaluator’s signature ___________________________  Date ___________________________ 

William Paterson University  
Office of International Students & Scholars/  
Study Abroad and National Student Exchange Program  
Raubinger Hall - 2nd Floor - Room 207B  
300 Pompton Road  
Wayne, NJ 07470  
973-720-2976 – Fax: 973-720-2336  
Email: richardsonc@wpunj.edu
VISITING STUDENT AUTHORIZATION
(Course Approval Form)

DATE: ______________

A. ELIGIBILITY

This is to certify that _____________________________________________

NAME SID#
____________________________________________________________

ADDRESS

is a student in good standing at William Paterson University with a grade point average of _______ and majoring in _____________________________________________________________.

This student has permission to take the following course(s) at:

____________________________________________________________

NAME OF COLLEGE/UNIVERSITY
____________________________________________________________

ADDRESS

B. COURSE EQUIVALENCE

<table>
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<tr>
<th>COURSE NO.</th>
<th>COURSE TITLE</th>
<th>NO. OF CREDITS</th>
<th>WPU EQUIVALENT COURSE NO.</th>
<th>INITIAL OF DEPT. CHAIRPERSON</th>
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</table>

TOTAL CR: _______

during the ___________ ________ session.

SEMESTER YEAR

IN ORDER TO RECEIVE TRANSFER CREDIT: UNDERGRADATE students must receive a grade of “C” or better. GRADUATE students must receive a grade of “B” or better.

An official transcript from the above named College/University must be sent to William Paterson University, Office of the Registrar, P.O. Box 913, Wayne, NJ 07474-0913

_________________________________________________________________________

Advisor

_________________________________________________________________________

Chairperson

_________________________________________________________________________

Dean

CC: REGISTRAR
ACADEMIC DEAN
CHAIRPERSON
STUDENT
K:Group\3.5A\SA Application
Semester Abroad Payment Authorization
(Financial Aid Disbursement Form)

I hereby authorize William Paterson University to withhold $_____________________ from my Student Financial Assistance award (State and Federal) for the term/semester_____________ and to forward it to the Study Abroad Provider towards my bill for my Semester abroad program.

Study Abroad Provider:
CCIS, CEA, CIS, ISA, AIFS, Semester at Sea or Others________________

These funds are to be applied to the bill I owe to the Study Abroad Provider. I certify that I will be attending as a full-time student while studying abroad, as this is a requirement not only to participate in Study Abroad but also to meet financial aid requirements. I understand that this disbursement is based on my financial aid award to date. I acknowledge that my account will be subsequently reviewed as necessary.

If there is any change in my financial aid profile and eligibility, I understand that I may receive any additional monies due to me or I will be billed by the Study Abroad Provider if there is any reduction of my financial aid.

If the credits earned and transferred to William Paterson University are equivalent to less than full-time enrollment, I understand that my financial aid awards may be reduced to a part-time award, which would result in a balance due to the Study Abroad Provider.

_________________________  _________________________  ________________
Print Name (First, Last)       Banner ID Number       Date

Study Abroad Location         Expected Term of Study

_________________________  ____________________________________________
Student Signature            Director, Office International Students & Scholars
                                NSE Program

K:\Groups\ISS\3.SA\Financial Aid Disbursements for Semester Abroad Students
K:Group\3.SA\SA Application
DISCIPLINARY CLEARANCE FORM
(Judicial Matters)

William Paterson University - Study Abroad and National Student Exchange Program

I. To the student: As part of your application to Study Abroad/National Student Exchange Program, this form must be completed by the Director of Judicial Affairs & Dispute Resolution Services (University Commons 117F). Your signature provides consent for the release of this information to The Office of International Students & Scholars/Study Abroad and National Student Exchange Program (OISS).

Student’s printed name: ________________________________  Student’s signature: ______________________________________

Banner ID#: ______________  Program: _____ National Student Exchange _______ Study Abroad/Country

Term/Year: _______ Fall _______ Spring _______ Summer _______ Winter

II. To the Judicial Affairs Officer: The above named student has applied to study abroad with __________________ (Provider). For admission the student is required to be in good academic and social standing at the home institution. We would request that you provide information and a supporting statement, if required, that speaks to the student’s social standing at your institution. This information will remain confidential. While prior disciplinary history does not preclude a student’s participation, the information will be taken in consideration during review, and it must be submitted in order for the student to be evaluated for admission.

We recognize that a student’s status may change between the time this form is submitted and the program start date. We would greatly appreciate notification regarding any significant change in this student’s status.

1. ___This student has received no judicial sanction at WPUNJ.
2. ___This student is not under current judicial sanction but has previous sanctions
3. ___This student is under current judicial sanction

Please list and describe all incident(s):

1st. ____________________________________________________________________________________________

Violation/Adjudication Date Sanction with Effective Dates

Incident Description

2nd. ____________________________________________________________________________________________

Violation/Adjudication Date Sanction with Effective Dates

Incident Description

(For additional sanctions please attach additional page)

Judicial Affairs Officer (Printed Name) _______________________________  Title ________________________________

Office/Department _______________________________  Phone ________________________________

Signature ________________________________  Email address ________________________________

Return to:
OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS/STUDY ABROAD AND NATIONAL STUDENT EXCHANGE PROGRAM
RAUBINGER HALL · 2ND FLOOR – ROOM 207B
300 POMPTON ROAD · WAYNE, NEW JERSEY 07470-2103
973.720.2976 - FAX 973.720.2336 - WWW.WPUNJ.EDU