



## Off-Campus Study Application Instructions

### **Eligibility**

- You must have a minimum cumulative GPA of 2.5 in order to be eligible for off-campus study.
- Students may study off campus during their sophomore or junior years, or first semester of their senior year.
- Students on academic or disciplinary probation or suspension, or with other serious disciplinary records, are not eligible.

### **Before Applying**

- Speak with your academic advisor about how you plan to complete major and general education requirements.
- Schedule a meeting with the Office of Study Abroad by email: StudyAbroad@washjeff.edu . Include your programs of interest, your major(s), minors (s) and your availability for a meeting. **Meeting with the Director of Study Abroad is mandatory.**
- If you do not have a passport, begin the application process immediately. If you have a passport, make sure it is valid for at least six months beyond the end date of your program; if not, begin the renewal process immediately.
- If you receive financial aid, meet with a W&J financial aid counselor to discuss the implications of studying off campus. W&J aid may be applied to any approved program; be sure to learn the financial logistics involved.
- Begin investigating how to fund your semester off campus. While financial aid applies to approved programs, and some scholarships are available, a semester off campus typically costs more than a semester at W&J.

### **Application Checklist**

#### **Step 1: W&J Application Forms: A complete application includes all of the items listed below:**

- W&J Application for Approval to Study Off-Campus**
- Terms of Application**
- Statement of Purpose (250-500 words)** Please write one essay for each program to which you are applying, including backup programs. Your essay should address the following questions:
  - What are your academic interests, and how do you plan to pursue them while off-campus? Why are you interested in studying on this particular program, in this particular location? Discuss what you hope to gain from this experience personally and how you hope to integrate your off-campus study experiences into your academic and extracurricular life once you return to W&J.
- Two Faculty Recommendations:** Please request recommendations from faculty members who have taught you in an academic course for a minimum of one semester (or intersession).
- Faculty Advisor Approval Form:** This form should be completed by the advisor from the major(s) you have declared, or your First-Year Seminar instructor (if you have not yet declared a major). If you have declared two majors, both faculty advisors must complete and sign the form
- Official transcript:** *The Office of Study Abroad will request one transcript on your behalf in order to grant approval for off-campus study and for submission to the program for which you are approved.*

#### **Step 2: Program Application: Please see the Office of Study Abroad for program-specific application forms.**

- Complete application forms as required by the off-campus program.** The application requirements for each approved program differ. Please read the program application forms and instructions carefully.
- Faculty recommendations.** *The Office of Study Abroad will forward the recommendations submitted with your W&J application to your off-campus program; you do not need to request additional recommendations.*
- Official transcript.** *The Office of Study Abroad will request and send an official transcript on your behalf.*

**\*\*Please submit all application materials to the Office of Study Abroad, The Commons 005\*\***

### **Deadlines**

| Semester(s) abroad                           | W&J application due: | Program-specific application due: |
|--|----------------------|-----------------------------------|
| Fall or full academic year (fall & spring)   | March 1              | March 15                          |
| Spring or full calendar year (spring & fall) | October 1            | October 15                        |



**Application for Approval to Study Off Campus**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.I.

W&J ID#: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship (circle one): US Other: \_\_\_\_\_

Class year: 20 \_\_\_\_\_ Current GPA: \_\_\_\_\_ Gender (circle one): M F

Major(s): \_\_\_\_\_ Minor (s): \_\_\_\_\_

Faculty advisor(s): \_\_\_\_\_

Faculty providing recommendations: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Semester(s) applying to study off-campus:  Fall 2015  Spring 2016  Full Year 2015-16  Calendar Year 2016

First choice program and location (required): \_\_\_\_\_

Backup choice program and location (optional)\*: \_\_\_\_\_

*\*As many of our programs limit the number of W&J students who can enroll in a given semester, we encourage students to select a backup choice in case they are not approved for their first-choice program.*

| Local Contact Information           | Permanent Address |
|-------------------------------------|-------------------|
| Campus Address (ex: Beau 314) _____ | Address: _____    |
| W&J box number: _____               | _____             |
| Phone/Cell #: _____                 | _____             |
| Email: _____                        | Phone #: _____    |

**Guardian Information:**

Name: \_\_\_\_\_ Relationship to self: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

W&J's Office of Study Abroad occasionally releases information to students' guardians, including but not limited to pre-departure information regarding the study abroad program, billing statements and other financial information, and information regarding students' whereabouts while abroad. Please indicate your preference and sign below:

- I **authorize** the Office of Study Abroad to release information to the guardian(s) listed above.
- I **do not authorize** the Office of Study Abroad to release information to the guardian(s) listed above, *except in an emergency*.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date



### ***Terms of Application***

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By signing your name below, you confirm that you understand and agree to each of the following statements:

I authorize W&J's Office of Study Abroad to have access to information regarding my academic, social/disciplinary, and financial standing. I also authorize the Registrar to release my transcript to the Office of Study Abroad as part of this application.

I understand that the existence of a disciplinary record does not preclude admission, but will be considered in the overall evaluation of the application.

I authorize W&J's Office of Study Abroad to share any pertinent information with overseas partners as needed. I authorize the Office of Study Abroad to forward my academic records, and other information relating to my attendance at Washington & Jefferson College, including but not limited to disciplinary proceedings and outcomes, as appropriate to the program(s) to which I am applying.

I understand that the stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home, and that physical or psychological disorders can become serious under the stresses of a new environment. I understand that if I have a physical or psychological condition, it is therefore important that I meet with my physician or counselor to discuss how studying off campus could affect my medical condition. I understand that addressing my health issues prior to studying off campus will help me to identify those resources that will and will not be available at my program site.

I understand that studying off campus is a privilege available to students who have demonstrated the ability to adjust academically and emotionally to college, and who are ready to benefit from the challenges of off campus study. I understand that, as a result, only students in good academic, social, and financial standing are eligible to study off campus.

I, \_\_\_\_\_, have read, understand, and agree to the above statements.  
(Applicant's name)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



**Faculty Recommendation for Off-Campus Study**

**To Be Completed by the Student:**

Name of applicant: \_\_\_\_\_

Proposed semester(s) off campus:     Fall 2015     Spring 2016     Full Year 2015-16     Calendar Year 2016

First choice program and location (required): \_\_\_\_\_

Backup choice program and location (optional): \_\_\_\_\_

**Applicant's Waiver of Right of Access to Confidential Statement**

*Under the Family Educational Rights and Privacy Act of 1974, as amended, students have a right to certain education records.*

- I hereby freely and voluntarily **waive my rights** to any information contained in this recommendation form and agree that it shall remain confidential.
- I **do not** waive my rights to any information contained in this recommendation form.

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

**To the Professor Completing this Form:**

This recommendation will be reviewed by the Office of Study Abroad and may be forwarded to the program provider or overseas institution as necessary. Your candid assessment of the student is vital to the placement process. If you do not feel qualified to assess the student, please ask him/her to choose another evaluator. Should you have any questions about the program(s) the student is proposing, please feel free to contact the Office of Study Abroad at x 6051.

In lieu of completing this form, you may also submit a letter of recommendation that includes the requested information.

**Professor's Recommendation:**

1. *In what capacity and for how long have you known the applicant? In which course(s) have you taught the applicant and when?*
  
  
  
  
  
  
  
  
  
  
2. *Please describe the course in which you taught the student in terms of assignments required and performance of the applicant in relation to his/her peers.*

3. Using the box below, please rate the applicant, in relation to other students in the course, on each of the following criteria.

|                              | Poor<br>(Lower 10%<br>of the class) | Average | Above<br>Average | Outstanding<br>(Upper 10% of<br>class) | Unable to<br>comment |
|------------------------------|-------------------------------------|---------|------------------|--|----------------------|
| Overall academic performance |                                     |         |                  |  |                      |
| Intellectual motivation      |                                     |         |                  |  |                      |
| Writing ability              |                                     |         |                  |  |                      |
| Quantitative ability         |                                     |         |                  |  |                      |
| Critical thinking            |                                     |         |                  |  |                      |
| In-class participation       |                                     |         |                  |  |                      |
| Class attendance             |                                     |         |                  |  |                      |
| Ability to work with peers   |                                     |         |                  |  |                      |

4. Please comment briefly on this student's academic strengths and motivations for studying off campus. To the extent possible, please assess the student's maturity, stability, independence, and ability to adjust to off-campus study.

5. Would you welcome this student as a participant on a program you are leading? (Select one)

Yes, without reservation

Yes, with reservations (please specify)

No

Please provide any additional comments or list any special considerations of which we should be aware.

Name \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to the Office of Study Abroad, The Commons 005.

**Deadlines:**

Fall/full-year off-campus study: **March 1**

Spring off-campus study: **October 1**



## ***Faculty Recommendation for Off-Campus Study***

### ***To Be Completed by the Student:***

Name of applicant: \_\_\_\_\_

Proposed semester(s) off campus:     Fall 2015     Spring 2016     Full Year 2015-16     Calendar Year 2016

First choice program and location (required): \_\_\_\_\_

Backup choice program and location (optional): \_\_\_\_\_

### **Applicant's Waiver of Right of Access to Confidential Statement**

*Under the Family Educational Rights and Privacy Act of 1974, as amended, students have a right to certain education records.*

- I hereby freely and voluntarily **waive my rights** to any information contained in this recommendation form and agree that it shall remain confidential.
- I **do not waive my rights to** any information contained in this recommendation form.

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

### ***To the Professor Completing this Form:***

This recommendation will be reviewed by the Office of Study Abroad and may be forwarded to the program provider or overseas institution as necessary. Your candid assessment of the student is vital to the placement process. If you do not feel qualified to assess the student, please ask him/her to choose another evaluator. Should you have any questions about the program(s) the student is proposing, please feel free to contact the Office of Study Abroad at x 6051.

In lieu of completing this form, you may also submit a letter of recommendation that includes the requested information.

### **Professor's Recommendation:**

- In what capacity and for how long have you known the applicant? In which course(s) have you taught the applicant and when?*
  
  
  
  
  
  
  
  
  
  
- Please describe the course in which you taught the student in terms of assignments required and performance of the applicant in relation to his/her peers.*

3. Using the box below, please rate the applicant, in relation to other students in the course, on each of the following criteria.

|                              | Poor<br>(Lower 10%<br>of the class) | Average | Above<br>Average | Outstanding<br>(Upper 10% of<br>class) | Unable to<br>comment |
|------------------------------|-------------------------------------|---------|------------------|--|----------------------|
| Overall academic performance |                                     |         |                  |  |                      |
| Intellectual motivation      |                                     |         |                  |  |                      |
| Writing ability              |                                     |         |                  |  |                      |
| Quantitative ability         |                                     |         |                  |  |                      |
| Critical thinking            |                                     |         |                  |  |                      |
| In-class participation       |                                     |         |                  |  |                      |
| Class attendance             |                                     |         |                  |  |                      |
| Ability to work with peers   |                                     |         |                  |  |                      |

4. Please comment briefly on this student's academic strengths and motivations for studying off campus. To the extent possible, please assess the student's maturity, stability, independence, and ability to adjust to off-campus study.

5. Would you welcome this student as a participant on a program you are leading? (Select one)

- Yes, without reservation
  Yes, with reservations (please specify)
  No

Please provide any additional comments or list any special considerations of which we should be aware.

Name \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to the Office of Study Abroad, The Commons 005.

**Deadlines:**

Fall/full-year off-campus study: **March 1**

Spring off-campus study: **October 1**



**Faculty Advisor Approval Form for Off-Campus Study**

**To Be Completed by the Student:**

Name of applicant: \_\_\_\_\_

Proposed semester(s) off campus:     Fall 2015     Spring 2016     Full Year 2015-16     Calendar Year 2016

First choice program and location (required): \_\_\_\_\_

Backup choice program and location (optional): \_\_\_\_\_

**To the Advisor(s) Completing this Form:**

*A signature is required from both advisors if the student has declared two majors.*

**Please discuss the student's plans for off-campus study to ensure:**

- 1) that the semester(s) chosen for off-campus study is/are suitable given the requirements for the major; and
- 2) that the student is familiar with his/her remaining degree requirements (including general education) and is developing an appropriate plan for how to complete them.

Advisor 1      Advisor 2

|       |       |  |
|-------|-------|--|
| _____ | _____ | I have reviewed with the student the need to complete all general education requirements and have advised him/her concerning options for so doing.                           |
| _____ | _____ | I have reviewed with the student his/her progress toward meeting requirements for the major or intended major and have advised him/her concerning options for completing it. |
| _____ | _____ | I have discussed with the student the impact, if any, a semester off-campus may have on his/her general academic progress.   |

(please initial)

Please note any requirements the student must or should complete off-campus in order to stay on track academically:

Other comments:

**Current faculty advisor**

Name \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Faculty advisor # 2 (for students with declared double majors):**

Name \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to the Office of Study Abroad, The Commons 005**

***Deadlines:***

Fall/full-year off-campus study: **March 1**  
Spring off-campus study: **October 1**