

UNIVERSITY OF WISCONSIN
PLATTEVILLE

TO: Applicants for UW-Platteville Study Abroad Programs

FROM: Donna Anderson, Director

Thank you for your interest in our Study Abroad Programs. An application packet is attached, and information about our program(s) is enclosed.

KEY POINTS TO REMEMBER ABOUT THE APPLICATION PROCESS:

- Apply early. Qualified candidates are accepted on a first-come, first-served basis until the program is filled. Whether or not a program fills early, no application can be processed after the deadline.
- Submit each document as soon as it is ready. Do not withhold documents in an effort to submit all application materials together.
- A decision on your candidacy cannot be made until all of the application materials have been received:
 - a) Your Application, your Financial Aid Status form, and your Statement of Student Purpose;
 - b) Your two Recommendations (from academic advisers, faculty members, or teaching assistants; encourage them to fax their recommendation to us or provide each with a stamped envelope addressed to the UW-P Study Abroad Office);
 - c) Your Study Abroad Approval Form
 - d) Your official transcript (mailed directly from your Registrar's Office; cannot be stamped "Issued to Student");
 - e) Your non-refundable application fee of \$25 (made payable to UW-P Study Abroad Programs).
- You will be notified of your acceptance as soon as a decision is made.

If you have any questions about the application process, please do not hesitate to give us a call.

FAX: (608) 342-1736

Institute for Study Abroad Programs
University of Wisconsin-Platteville
1 University Plaza
Platteville WI 53818-3099

STATEMENT OF STUDENT PURPOSE

Please indicate below in a few paragraphs your reasons for wanting to study in _____ and your expectations of the benefits you will receive. In particular, describe the way in which the course work will fit into and enhance your degree program.

This Statement may be handwritten or typed, or a separate Statement may be attached to this form.

Name (Please Print)

Signature

Date

Recommendation for Study Abroad

Institute for Study Abroad Programs
 UW-Platteville
 1 University Plaza
 PLATTEVILLE WI 53818-3099

FAX: 608-342-1736

To the Student: Please complete and sign this section, and give this form to your academic advisor, to a faculty member, or to a teaching assistant who knows you well.

Student's Name: _____ Study Abroad Program: _____

I hereby authorize _____ to complete this recommendation form.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared.

Yes No

Student's Signature _____ Date _____

To the Recommender: The student named above is applying for a program of study abroad. Please evaluate this candidate with particular attention to his/her potential for adjusting to the pressures and responsibilities of living and studying abroad. Thank you for your assistance.

1. How long have you known the candidate? Since _____
 In what capacity? Student in large class/lecture Student in small class/seminar Advisee

2. Please rate the candidate in the following areas:

	Unable to Evaluate	Low	Acceptable	Very Good	Excellent
Academic Ability					
Seriousness as a student					
Maturity					
Emotional stability					
Reliability					
Integrity					
Flexibility, adaptability					
Respect for customs, rules and values of others					

3. If you were the director of this study abroad program, would you want this student on your program?
 Recommend without reservation Recommend with reservation Not recommended

4. Additional comments on scholarship, character, or personality:

Recommender's Name:	Position:
Institution:	Department:
Signature:	Date:

Recommendation for Study Abroad

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 UW-Platteville
 1 University Plaza
 PLATTEVILLE WI 53818-3099

FAX: 608-342-1736

To the Student: Please complete and sign this section, and give this form to your academic advisor, to a faculty member, or to a teaching assistant who knows you well.

Student's Name: _____ Study Abroad Program: _____

I hereby authorize _____ to complete this recommendation form.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared.

Yes No

Student's Signature _____ Date _____

To the Recommender: The student named above is applying for a program of study abroad. Please evaluate this candidate with particular attention to his/her potential for adjusting to the pressures and responsibilities of living and studying abroad. Thank you for your assistance.

1. How long have you known the candidate? Since _____
 In what capacity? Student in large class/lecture Student in small class/seminar Advisee

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Seriousness as a student					
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Respect for customs, rules and values of others					

3. If you were the director of this study abroad program, would you want this student on your program?
 Recommend without reservation Recommend with reservation Not recommended

4. Additional comments on scholarship, character, or personality:

Recommender's Name:	Position:
Institution:	Department:
Signature:	Date:



Study Abroad Approval Form

To be completed by the student (please print):

Name _____

Program _____

Semester _____

E-mail _____

Please sign the authorization and submit this form to your study abroad adviser or other appropriate person on your campus for completion.

Students whose home institution is UW-Platteville should submit the form to their academic adviser.

I am applying to the above named Institute for Study Abroad Program and authorize the release of information to complete this application.

I waive my right of access to this information

I do not waive my right of access to this information

Applicant's signature _____

Date _____

To be completed by your faculty adviser or study abroad adviser:

Section A:

Is this student in good academic standing? Yes No

Do you recommend this student? Yes No

Comments: _____

Section B:

Has this student completed the necessary steps for approval from your institution? Yes No

Will the credit earned on the Institute for Study Abroad Programs be accepted toward this student's degree program at your institution? Yes No

Section C:

Name _____

Dept. _____

College/University _____

E-Mail _____

Signature _____

Date _____