



THE STUDY ABROAD FOUNDATION
AN INTERNATIONAL UNIVERSITY NETWORK

STUDY ABROAD PROGRAM APPLICATION

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163 Sinmunno 1-ga, Jongno-gu,

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KOREA

Tel: +82-(0)2-735-2300

Fax: +82-(0)2-735-2303

www.studyabroadfoundation.org/korea

Please submit your completed application and all required
documentation to the SAF Office in your country of origin.

Completing the Application for Admission Form

All Study Abroad Foundation (SAF) programs are filled on a rolling admission basis and may close before the published deadline. We recommend that you return your application and other required information as soon as possible. Applicants should submit all admission documents to the SAF Office in their country of origin. The forms and information that should be submitted by the applicant are:

- Application for Admission
- Personal Information Form
- Academic Information Form
- Agreements and Releases Form (You must sign and date this form before returning it to us)
- USD \$300 Application Fee

The application fee should be made payable to the Study Abroad Foundation.

Note: Students are not expected to make any payment to the SAF during the process of their initial inquiry and counseling in Korea. Only when the student chooses to submit a formal application to the SAF will the one-time, non-refundable application fee of USD \$300 become due.

- USD \$2,000 Deposit

Once the student's application file is complete and ready for submission, a partially refundable deposit of USD \$2,000 is required. In the unlikely event that a student is not accepted by one of the three universities they choose, then 100% of the student's deposit will be refunded. In the event that a student is accepted by one of the three universities they choose but cancels his/her application for personal reasons, with the exception of a serious medical problem, 50% of the deposit will be refunded. In the event that a student is accepted by one of the three universities they choose but fails to obtain a student visa, 70% of the deposit will be refunded. The deposit is credited to the SAF program fee.

Additional Information Required from All Applicants

- Official University Transcripts**
You must submit 2 official transcripts or academic records for all university and college work you have completed to date.
- Official TOEFL or IELTS Examination Scores**
You must submit official results of the TOEFL and/or IELTS examination. **The SAF TOEFL code number is: 0097.** For TOEFL registration information: <http://www.toefl.org> and for IELTS registration information: <http://www.ielts.org>.
- Program Approval Form**
The Program Approval Form must be completed by an official of your home university or college who is responsible for study abroad. If your home university does not have a study abroad advisor, take this form to the director of the international programs office, an academic dean, or registrar.
- Recommendation Form**
The Recommendation Form must be completed by a faculty member or an advisor, preferably in your academic major or in the subject area you intend to study overseas.
- Financial Documents**
All students must demonstrate financial resources sufficient to meet all educational, living and travel expenses for the duration of the study abroad program. Your financial guarantor(s) must submit original, official bank statements (Certificate of Balance) attesting to sufficient financial savings.
- Affidavit of Support**
Your financial guarantor(s) must also submit a signed letter stating their intent to provide financial support to you for duration of their study abroad program.
- Photocopy of Passport**
You must have a valid passport to participate on any SAF program. Please submit a copy of your passport information page with the SAF Application for Admission. **Please complete all forms, visa applications, etc. with your name written exactly as it is on your passport.**
- Six (6) I.D.-sized Photographs**
Passport sized (3.5 x 4.5cm), in black and white or color. Please print your name on the back of each photo.

Application Deadlines:

Canada and US

Fall Semester/Academic Year Programs:	April 1
Spring ESL w/ Fall Semester or Academic Year Programs:	November 15

Ireland and UK

Fall Semester/Academic Year Programs:	April 1
Spring ESL w/ Fall Semester or Academic Year Programs:	November 15

Australia and New Zealand

Semester 1 (Feb-July) / Semester 1 and Semester 2 (Feb-Nov):	November 1
Semester 1 ESL w/ Semester 2 (July-Nov):	November 1
Semester 2 (July-Nov) / Semester 2 and Semester 1 (July-July):	March 15

Study Abroad Foundation, Korea Office

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APPLICATION FOR ADMISSION

This application may be used for any SAF study abroad program. Complete by printing clearly **in English**.

Please indicate below the period of time you intend to study abroad:

Australia/New Zealand

- Semester 1 (Feb-July)
- Semester 2 (July-Nov)
- Semester 1 and Semester 2 (Feb-Nov)
- Semester 2 and Semester 1 (July-July)

Canada/US

- Fall Semester (Aug-Dec)
- Spring Semester (Jan-May)
- Academic Year (Aug-May)

Ireland and UK

- Fall Semester (Sept-Dec)
- Academic Year (Sept-June)
- Spring Semester (Jan-June)

- Check here if you intend to enroll in an intensive English (ESL) program prior to university enrollment. Intended ESL start date (month/year): _____
- Check here if you are interested in an internship placement.

PROGRAM SELECTION

Please list your top three university or college choices in order of preference. Under most circumstances, your application will be submitted to your first choice university only.

First Choice: _____
From (month/year) _____

Alternative A: _____
From (month/year) _____

Alternative B: _____
From (month/year) _____

APPLICANT INFORMATION

Name _____
As on Passport (first) (last)

Nickname _____

Date of Birth _____
(month/day/year)

Citizenship _____

Place of Birth (City & Country) _____

Home University or College _____

Gender Male Female

Your Address at University/College

Address _____

City/Prefecture _____

Postal code _____

Telephone _____

Fax number _____

E-mail _____

Permanent Address

Address _____

City/Prefecture _____

Postal code _____

Telephone _____

PARENT INFORMATION

(if your parents live separately, please give addresses for both)

Father's Name _____

Address _____

City/Prefecture _____

Postal code _____

Home telephone _____

Business telephone _____

Fax number _____

E-mail _____

Father's occupation _____

Mother's Name _____

Address _____

City/Prefecture _____

Postal code _____

Home telephone _____

Business telephone _____

Fax number _____

E-mail _____

Mother's occupation _____

Whom should SAF notify in case of emergency?

- Father Mother Other

To whom should we send your billing statements?

- Father Mother Other

If you marked "Other" for either of the above, please complete the following address information to be used for:

- Emergency Billing

Name _____

Address _____

City/Prefecture _____

Postal code _____

Home telephone _____

Business telephone _____

Fax number _____ E-mail _____

Relationship _____

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PERSONAL INFORMATION

Please complete this form in English and attach additional sheets if necessary.

Have you traveled or studied overseas before? Yes No

If yes, describe your experience(s):

Describe your family:

Describe your personal interests (hobbies, sporting activities, etc.):

What do you hope to achieve during your study abroad experience?

Why do you think you are a good candidate for study abroad?

Please answer the following questions below by checking the box that most closely matches your interests:

Objective(s) for studying abroad:

- Improve English
- Improve job prospects
- Learn about your academic major from different perspective
- Meet local students
- Learn more about the local culture and society
- Travel

Preferred geographic location:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> U.S. | <input type="checkbox"/> Ireland |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Australia |
| <input type="checkbox"/> England | <input type="checkbox"/> New Zealand |
| <input type="checkbox"/> Scotland | <input type="checkbox"/> Undetermined |

Preferred living environment:

- Urban or large city
- Suburban (close to a large city but not downtown)
- Rural or small town

Size of university or college:

- Small (less than 3,000)
- Medium (3,000 to 8,000)
- Large (8,000 to 18,000)
- Large Research University (above 18,000)

What attributes best describe you:

- | | |
|--|--|
| <input type="checkbox"/> Outgoing and talkative | <input type="checkbox"/> Shy and reserved |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Enjoy a routine |
| <input type="checkbox"/> Enjoy fast-paced city life | <input type="checkbox"/> Prefer peace & quiet |
| <input type="checkbox"/> Spend most of my time indoors | <input type="checkbox"/> Enjoy the out-of-doors |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Artsy |
| <input type="checkbox"/> Comfortable writing in English | <input type="checkbox"/> Comfortable speaking in English |
| <input type="checkbox"/> Comfortable understanding English | <input type="checkbox"/> Comfortable reading in English |
| <input type="checkbox"/> I have read a novel in English | <input type="checkbox"/> I have written a paper in English |

Housing Information: Check the terms that apply to you. (We will take these preferences into consideration but cannot make guarantees.)

- | | |
|--|--|
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Non-smoker |
| <input type="checkbox"/> Allergic to smoke | <input type="checkbox"/> Will live with a smoker |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Food allergies |
| <input type="checkbox"/> Prefer co-ed accommodations | <input type="checkbox"/> Prefer single sex accommodation |

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ACADEMIC INFORMATION

Name _____
(first) (last)

Date of Birth _____
(month/day/year)

Age _____ Gender Male Female

Your telephone number at university () _____

Place of Birth (city/country) _____

Citizenship _____

Home University or College _____

Students who do not meet the English language requirements of the host institution may opt to attend an intensive English program prior to university/college enrollment.

Home University/College _____

Class-standing 1st-year 2nd-year 3rd-year 4th-year

Other Universities/Colleges Attended _____ Dates Attended _____

Academic Basis of Admission Decisions

The most important factor for admission will be your academic background, including your overall grade point average (GPA) and the grades you have earned in the subject areas you plan to study while abroad.

English Proficiency

Participants are expected to become full members of their host university or college, so English proficiency is critical. All applicants are required to submit official results of the TOEFL or IELTS examinations. The SAF TOEFL Code number is: 0097.

Cumulative Grade Point Average (on 4.0 scale) _____ /4.0

GPA last semester _____

TOEFL/IELTS Score _____ Date taken/to be taken _____

Major(s) or Intended Major _____

Minor(s) _____

Secondary School Attended _____

City/Prefecture _____ Graduated in _____

Current Academic Program

The University or College departments reviewing your application will look at the strength of your training in the subjects you want to study. List the courses you are currently taking and courses you expect to take before studying abroad.

Current Courses (in progress) _____

Courses You Expect to Take Before Going Abroad _____

Applying to Academic Departments Overseas

Please list your first and second choice university/college and the departments to which you wish your application materials to be submitted (for example: business, chemistry, history, political science, etc.). While some universities may allow you to enroll in as many as four departments, others will limit you to one or two. Please list your choice of departments in order of preference. When we receive your completed application, we will send you more information about applying for specific courses. Your course registration will be finalized when you arrive overseas.

First Choice University/College

Second Choice University/College

Departments (in order of preference)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

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AGREEMENTS AND RELEASES

Agreements

I hereby authorize the Study Abroad Foundation (SAF) and it's designated representatives to reproduce my completed application materials, academic records and any other references in support of this application and to release them to cooperating institutions (host universities), their personnel and to third party for essential business (e.g. insurance provider, host country immigration services, and alumni) as well as the SAF staff. Students studying in Australia further agree that information may be made available to Commonwealth and State agencies pursuant to obligations under the ESOS Act and the National Code.

I have read the description of the programs for which I am applying and accept the program arrangements as offered, including financial commitments. I understand that I am fully responsible for my educational and living expenses while on the SAF program and neither my host university(s) nor host country are obliged or required to help me if I need financial assistance.

I certify that the statements I have made on this Application are correct, complete and agree to notify the SAF, it's designated representatives, and host university(s) if I should fail to remain in good standing at my home university or suffer a change in circumstance that might compromise my success in studying abroad.

I understand that my acceptance of a program place will subject me to the published rules and regulations of the SAF and my host university(s) with regard to both personal and academic performance. I understand that that failure to comply with these rules and regulations may result in my dismissal from the program and/or loss of academic credit with no refund of the program fee. I understand that the host university(s) is not obliged to reenroll any student who fails to satisfactorily complete their studies each semester.

I authorize the official(s) of my host university(s) to forward official transcripts or grade reports of work completed to the SAF and I authorize the SAF to forward these transcripts to the appropriate official(s) at my home university or college.

Applicant's Signature (required) _____ Date _____

If student is under the age of 20, this form must be signed by a parent or legal guardian.

Signature of Parent/Legal Guardian _____ Date _____

Application Materials:

I understand that the documents submitted to the SAF and subsequently to the host university(s) become the property of the SAF and the host university. Application materials will be destroyed six months from proposed program commencement date if the student does not enroll in the program or request in writing an alternative commencement date. The SAF and the host university(s) reserves the right to rescind any previous decision made if information provided by the student is determined to be incorrect or incomplete.

Program Deposit and Refunds

Once a student is accepted to an SAF program, they will receive an acceptance letter and a program contract. To secure their place on the SAF program, students must return the program contract within 15 days of receiving notification of acceptance. Once a signed program contract is received, the USD \$2,000 deposit becomes non-refundable. It will only be refunded if the student has becomes seriously ill, or an emergency exists that prevents their participation, or they are unsuccessful in obtaining a student visa. SAF will refund only those funds which have not already been expended by the SAF for the student's participation on the program.

Comprehensive Program Fee

The balance of the program fee is due prior to start of the SAF study abroad program and payment failure will result in the cessation of SAF services.

Insurance

It is the student's responsibility to arrange appropriate insurance coverage for accident, illness, travel hazards, property loss and other risks involved with living and traveling abroad. The program fee for Australia covers the cost of mandatory health insurance although the purchase of supplemental insurance is highly recommended. SAF participants must purchase university prescribed health insurance policies when it is a requirement of the host university(s).

Medical Information/Special Needs

The SAF does not require a physician's report as a condition of acceptance in the program, but we strongly recommend that you have a medical and dental checkup before going overseas. If you have a specific health problem that we should be aware of, please inform the SAF as soon as possible. SAF keeps this information in the strictest confidence and does not use it for admission purposes. Many SAF host universities require students to provide immunization/inoculation records prior to enrollment. Any medical expenses incurred to fulfill a host university's immunization/inoculation requirements are the student's responsibility.

Parental Information Disclaimer

The SAF sends periodic mailings to participants' parents prior, during and after the study abroad program. Do you want your parents to receive this information? Yes No

Photography Waiver

I waive all rights of access and give permission to the SAF to use photographs taken at SAF events for future SAF publications, catalogs and the web site. Yes

How did you hear about the Study Abroad Foundation? (check one)

parent university advisor advertisement friend web search SAF poster Other _____

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PROGRAM APPROVAL

To the Student

In planning to study abroad, you must make arrangement for the transfer of credit you expect to earn abroad. This form helps you facilitate that process and comply with the regulations of your home university or college.

Complete and sign the top section of this form, then give the Program Approval to the official at your university or college responsible for approving your participation on a SAF program abroad. Ask him or her to complete and mail this form to the SAF Office in your country of origin.

Authorization to Release Information

I hereby waive my right of access to the information on this form and ask that it be completed and forwarded to the appropriate SAF Office

Signature _____ Date _____

Authorization to Provide Transcripts

I authorize the appropriate office(s) of my host university or college to forward official transcripts or grade reports of work completed overseas to the SAF, and I authorize the SAF to forward this official transcript to the appropriate official at my home university.

Signature _____ Date _____

Name _____
(first) (last)

Your telephone number at university () _____

Major _____

Class-standing 1st-year 2nd-year 3rd-year 4th-year

Academic subjects and/or departments you intend to study while abroad: _____

Please indicate below the period of time you intend to study abroad:

Australia/New Zealand

- Semester 1 (Feb-July)
- Semester 2 (July-Nov)
- Semester 1 & Semester 2 (Feb-Nov)
- Semester 2 & Semester 1 (July-July)

Canada/US

- Fall Semester (Aug-Dec)
- Spring Semester (Jan-May)
- Academic Year (Aug-May)

Ireland and UK

- Fall Semester (Sept-Dec)
- Spring Semester (Jan-June)
- Academic Year (Sept-June)

I plan to enroll in an intensive ESL program prior to enrolling in courses at the university/college. Intended ESL start date (month/year): _____

I plan to participate in a credit-bearing internship program while abroad.

I plan to study in one of the following SAF universities/colleges:

First Choice: _____
From (month/year) _____

Alternative A: _____
From (month/year) _____

Alternative B: _____
From (month/year) _____

To the Study Abroad Advisor, Dean, Registrar or Other Officer

This form is required as part of the student's application to study abroad through the SAF, a non-profit organization that facilitates fully integrated study abroad opportunities for university students.

Your student's application cannot be considered until we receive this form as students must be in good academic standing at their home university or college to be eligible to participate on a SAF program.

Please complete both sides of this form. We would appreciate your providing your contact information in English

Name _____

Title _____

University _____

Address _____

City/Prefecture _____

Postal code _____

Telephone Number _____

Fax Number _____

E-mail _____

Credit Transfer

The SAF believes that the courses a student enrolls in abroad should transfer whenever possible to the student's degree program at home. If you are unable to approve transfer credit in advance, please indicate what documentation must be provided (e.g. course syllabi) for transfer credit consideration following the overseas experience.

Program Transcripts

After the student completes the study abroad program, the Study Abroad Foundation will provide an official university transcript from the overseas host university(s) attended.

Please send this student's final transcript to:

Name _____

Title _____

University _____

Address _____

City/Prefecture _____

Postal code _____

Study Abroad Foundation, Korea Office

Gwanghwamun Officia 18F #1814

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PROGRAM APPROVAL

Student _____ Home University/College _____

The above student is applying for a program of study abroad sponsored by the Study Abroad Foundation (SAF), with the expectation that he or she will receive transfer credit toward the completion of their undergraduate degree program at home. We require that all applicants be degree-seeking students currently enrolled in good standing at a Ministry of Education recognized university or college. Please complete this form in English.

Is this student a full-time undergraduate in good standing at your institution? Yes No If "no," please explain.

To your knowledge, has this student been involved in any serious disciplinary action while attending your university? Yes No
If "yes," please explain.

Has this student ever been on academic probation? Yes No If "yes," please explain.

Does this student have your approval for study abroad at his or her nominated universities? Yes Yes, with reservations No
If "no" or "yes with reservations," please explain.

The SAF believes that the courses that a student enrolls in abroad should whenever possible transfer to the student's degree program at home. Does your institution agree to transfer the credit the student earns abroad to his or her undergraduate degree program at home?
 Yes No

If you are unable to approve transfer credit in advance of the student's overseas study, please indicate what documentation must be provided (e.g. course syllabi) for transfer credit consideration following the overseas experience.

Please add any comments you might care to make concerning this student's eligibility and/or qualifications for study abroad.

Please complete both pages of this form and sign below.

Name _____ Signature _____

Title _____ Institution _____

The completed form should be mailed directly to the SAF Office in the prospective student's home country.

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ACADEMIC RECOMMENDATION

To the Student

Please complete and sign this section before asking your referee to complete and forward this form to our office. We recommend that you have this form completed by a faculty member who has taught you in the subject area you plan to study overseas. You should discuss your intention to study abroad and have him or her complete this form.

Authorization and Release Information

I hereby waive my right to access to the information on this form and ask that it be completed and forwarded to the appropriate SAF Office.

Signature _____ Date _____

Student Information

Name _____
(first) (last)

Your telephone number at university () _____

Major _____

TOEFL/IELTS _____

Class-standing 1st-year 2nd-year 3rd-year 4th-year

Academic subjects and/or departments you intend to study while abroad: _____

Please indicate below the period of time you intend to study abroad:

Australia/New Zealand

- Semester 1 (Feb–July)
- Semester 2 (July–Nov)
- Semester 1 & Semester 2 (Feb–Nov)
- Semester 2 & Semester 1 (July–July)

Canada/US

- Fall Semester (Aug–Dec)
 - Spring Semester (Jan–May)
 - Academic Year (Aug–May)
- Ireland and UK**
- Fall Semester (Sept–Dec)
 - Spring Semester (Jan–June)
 - Academic Year (Sept–June)

I plan to enroll in an intensive ESL program prior to enrolling in courses at the university/college. Intended ESL start date (month/year): _____

I plan to participate in a credit-bearing internship program while abroad.

I plan to study in one of the following SAF universities/colleges:

First Choice: _____

From (month/year) _____

Alternative A: _____

From (month/year) _____

Alternative B: _____

From (month/year) _____

To the Faculty Member

This form is an integral part of the above student's application to study abroad through the SAF, a non-profit organization that offers fully integrated study abroad opportunities for university students.

To help ensure favorable consideration of this student's application to one of our host universities abroad, we ask that you complete both sides of this form and forward it directly to the appropriate SAF Office.

Admission to our programs is competitive and selective. SAF programs operate on a rolling-admission policy, which means some programs may close before the published application deadline.

We would appreciate your completing this form in English.

Name _____

Title _____

University _____

Address _____

City/Prefecture _____

Postal code _____

Telephone Number _____

Fax Number _____

E-mail _____

We seek your evaluation of the student's academic ability as well as his or her social maturity and emotional strengths in terms of undertaking a period of study abroad. We are particularly interested in your assessment of the student's academic motivation and any special attributes relevant to foreign study. Your noting any weakness that may impede the student's success abroad also would be of great help to us.

We appreciate your taking time to assist this student and hope that you will contact our office if you have any questions about this student's application or about any of our study abroad programs, services, or overseas partners.

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ACADEMIC RECOMMENDATION

Student _____ Home University _____

How long and in what capacity have you known this student? .

Please list any courses this student has taken with you:

What is your general estimate of this student's intellectual ability and academic motivation?

On a scale of 1 (low) to 10 (high), how does this student rank in the following areas?

Writing ability	1	2	3	4	5	6	7	8	9	10
Quantitative ability	1	2	3	4	5	6	7	8	9	10
Critical thinking ability	1	2	3	4	5	6	7	8	9	10
Knowledge of major subject	1	2	3	4	5	6	7	8	9	10

Have you found this student to be a mature and stable person? Yes No If no, please comment.

Do you think this student would make the personal, social, and academic adjustment to an overseas program? Yes No

Please comment as you feel appropriate.

Do you have any additional comments about this student?

Please complete both pages of this form and sign below.

Name _____ Signature _____

Title _____ Institution _____

The completed form should be mailed directly to the SAF Office in the prospective student's home country.