



THE STUDY ABROAD FOUNDATION
AN INTERNATIONAL UNIVERSITY NETWORK

STUDY ABROAD PROGRAM APPLICATION

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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 High School Transcripts (only if you apply to Purdue University, University of Colorado, and/or University of St. Thomas.)

- 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 or the US VISA sized (3.5 x 4.5cm or 5.0 x 5.0cm), in black and white or color. Please print your name on the back of each photo.

- Criminal Activity Statement

- Department/Course Preference Form

- Housing Preference Form

- Medical Information Form

- Transcript Release Form



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

Current Address

Address _____

City/Province _____

Postal code _____

Telephone (Home Phone) _____

Telephone (Cell Phone) _____

Fax number _____

E-mail _____

Permanent Address (if different from Current Address)

Address _____

City/Province _____

Postal code _____

Telephone _____

PARENT INFORMATION

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

Father's Name _____

Address _____

City/ Province _____

Postal code _____

Home telephone _____

Business telephone _____

Fax number _____

E-mail _____

Father's occupation _____

Mother's Name _____

Address _____

City/ Province _____

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/ Province _____

Postal code _____

Home telephone _____

Business telephone _____

Fax number _____

E-mail _____

Relationship _____



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 living environment:

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

Preferred geographic location:

- U.S. Ireland
- Canada Australia
- England New Zealand
- Scotland Undetermined

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:

- Outgoing and talkative
- Flexible
- Enjoy fast-paced city life
- Spend most of my time indoors
- Athletic
- Comfortable writing in English
- Comfortable understanding English
- I have read a novel in English
- Shy and reserved
- Enjoy a routine
- Prefer peace & quiet
- Enjoy the out-of-doors
- Artsy
- Comfortable speaking in English
- Comfortable reading in English
- 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.)

- Smoker Non- smoker
- Allergic to smoke Will live with a smoker
- Vegetarian Food allergies
- Prefer co-ed accommodations Prefer single sex accommodation



Agreements

I hereby authorize the Study Abroad Foundation (SAF) and its 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, its 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 _____