

Institute for Study Abroad

1100 West 42nd Street, Suite 305

Indianapolis, IN 46208-3345 USA

Telephone: 800-858-0229 or 317-940-9336 Fax: 317-940-9704 www.ifsa-butler.org

Application Instructions

Materials Required from All Applicants

Make a copy for your records of any forms that you return to us.

Pages 1 and 2 of summer application

Transcript

We cannot submit your application for a decision until we have your **most recent** official transcript(s), so order your transcripts immediately.

Program Approval Form

This form must be completed by your study abroad advisor or summer study official. (If your home institution does not have a study abroad advisor, an academic dean, registrar, or other campus official may complete this form.)

Recommendation Form

This form must be completed by a teacher or advisor in the academic discipline you intend to study abroad.

\$40 Application Fee

Payable by check to Institute for Study Abroad. This fee is nonrefundable and is not applicable to the program fee.

Eight (8) ID-Sized Photographs

Passport-size (2"x2") black and white or color photos (not photocopies). Please print your name on the back of each photo. These official photos are required by the institutions abroad. Students applying for London programs must send photos by our published deadline in order to be considered for university-operated housing.

Additional Information

Financial Aid

Meet with your financial aid advisor immediately to determine your eligibility. IFSA-Butler does not process financial aid; your home institution must process and transfer loans and other kinds of aid. Do not send **any** financial aid forms or information to Butler University's office of financial aid.

Passport

You must have a passport that is valid for six months past the time of your proposed return. Apply for or renew your passport immediately.

IFSA-Butler Scholarships

Scholarships for summer study on an IFSA-Butler program are available in the amount of \$500. Download an application from www.ifsa-butler.org. The deadline for scholarships is April 1; there are no exceptions.

Make a Copy

Keep a copy of all forms you return to us. You may want to copy for your parents the information on financial responsibility included on this page, especially if they will pay your bills.

Insurance

The IFSA-Butler program fee includes a medical insurance and assistance plan. Please see our Web site for coverage and exclusions. We will send you additional information after receiving your application.

We strongly recommend that you review the policy carefully and consider whether you will need additional insurance. Students who have pre-existing or mental health conditions or who may require counselling while abroad should investigate their options.

We recommend that you secure personal property insurance and travel insurance as well.

Medical Information/Special Needs

We do not require a physician's report as a condition of acceptance in the program, but we strongly recommend that you have medical and dental checkups before you go abroad.

If you have a specific health problem of which we should be aware, please inform IFSA-Butler as soon as possible. We keep this information in the strictest confidence and do not use it for admission purposes. In fact, we send a medical form for emergency information with our acceptance packet. We must be informed of both physical and mental health problems so that your study abroad experience will be as comfortable as possible and so that we can help you arrange continued treatment before you go abroad.

Financial Information

Financial Aid

If you are currently receiving financial aid and/or planning to seek aid to help finance your study abroad with IFSA-Butler, **you should contact the financial aid officer on your home campus at once to determine what aid will transfer to study abroad.**

Several types of aid are transferrable, but all aid must be processed through your home campus's financial aid office. Only your home institution can process your financial aid. Do not contact the Butler University office of financial aid.

Summer Fee Payment Schedule

A \$500 program deposit is due upon acceptance and is credited toward the overall program fee. The balance of the fee is due May 15.

Program Fees

Our Web site provides full information on the fees for each program and the services included in our fees.

Exchange Rates

Our fees are set in U.S. dollars and do not change because of changes in the exchange rates. We use forward contracts to balance out the exchange rate fluctuations, which can result in an average exchange rate that may vary significantly from the daily rates quoted by the banks.



Application for Summer Programs

Complete this entire application. Type or print legibly. If you'd prefer, you may apply online.

This application may be used for any IFSA-Butler summer program in Australia, England, Northern Ireland, Republic of Ireland, or Scotland. Students applying for the IFSA-Butler summer program in Argentina or Mexico must use the application for Spanish-speaking programs.

Student Information

Full Legal Name _____
(first) (middle) (last)

Social Security Number _____

Date of Birth _____
(month) (day) (year)

Citizenship _____ Gender: Male / Female

Home College or University _____

Major _____ GPA (4.0 scale) _____

Class Standing When You Study Abroad (circle one) Soph Jr Sr

Anticipated graduation date: Month _____ Year _____

Your Personal Mailing Address When School Is in Session

Street _____

City _____

State _____ Zip _____

Cell Phone () _____

Personal Telephone () _____

E-mail _____

Winter Break (start and end dates) _____

School Ends _____

Your Home Address When School Is Not in Session

Street _____

City _____

State _____ Zip _____

Telephone () _____

Program Selection

Please list your top university choices in order of preference (see catalogs or the Web site for university listings). Under most circumstances, your application will be submitted to your first choice university only.

First Choice Program _____

Alternative Program _____

How did you hear about IFSA-Butler? (check one)

- Study abroad advisor
- Former participant
- Poster
- Other
- Academic advisor
- Web site
- Ad
- Study abroad fair
- Study abroad catalog
- Parent

Submit Your Application

See www.ifsa-butler.org for application deadlines for each program.

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Fax: 317-940-9704

Or apply online at www.ifsa-butler.org

Parent Information

If your parents live separately, give addresses for both. Indicate an e-mail address for each parent.

Whom should we notify in case of emergency?

- Father
- Mother
- Other (complete "Other Address")

To whom should we send your billing statements?

- Father
- Mother
- Other (complete "Other Address")

Father's Name _____

Street _____

City _____

State _____ Zip _____

Home Telephone () _____

Business Telephone () _____

E-mail _____

Father's Occupation _____

Mother's Name _____

Street _____

City _____

State _____ Zip _____

Home Telephone () _____

Business Telephone () _____

E-mail _____

Mother's Occupation _____

Other Address To be used for Billing Emergency Contact

Name _____

Street _____

City _____

State _____ Zip _____

Home Telephone () _____

Business Telephone () _____

E-mail _____

Parental Information Disclaimer

IFSA-Butler, both in the United States and in the country of the host Institution, communicates information to your parents about the program and your participation in the program, including the bill for your participation in the program. Do you want your parents to receive this information?

- Yes
- No

If you mark "No," you must designate an alternate billing address under "Other Address."

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Undergraduate Program**Approval (page 1 of 2)****Instructions for the Student**

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

Complete and sign this form. Then write your name and home institution on the next page (also labeled Undergraduate Program Approval) side of this form and give both pages to your study abroad advisor. (If your campus does not have a study abroad advisor, an academic dean, registrar, or other campus official who has access to the necessary information may complete this form.) Ask him or her to complete and forward this form to our office.

You must sign the consent to disclosure statement below **and** on the Agreements and Releases page to ensure that your final program transcript is forwarded to your home institution.

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 Institute for Study Abroad, Butler University.

Signature _____ Date _____

Consent to Disclosure of Education Records

I hereby authorize and direct my Home Institution (hereafter "Disclosing Institution") to disclose to the Institute for Study Abroad, Butler University ("IFSA-Butler") my education records as described below. I further authorize IFSA-Butler to disclose my education records as described below to any educational institution which may be involved in any program to which I am accepted. The purposes of this disclosure are for IFSA-Butler to determine whether I will be accepted as a participant in a study abroad program administered by IFSA-Butler, and for IFSA-Butler to provide such information to any educational institution that may be involved in any program to which I am accepted so that such institution may have the information necessary to address my educational needs and interests.

The records I authorize and direct to be disclosed by the Disclosing Institution to IFSA-Butler and by IFSA-Butler to the educational institution are:

1. My academic transcript,
2. Records showing the activities in which I am or have been involved while attending the Disclosing Institution, and
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me by the Disclosing Institution.

I understand that by signing this consent I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 USC Section 1232g, and I waive those rights voluntarily by signing this consent. I further understand that I have the right to revoke this consent at any time by notifying the Disclosing Institution and IFSA-Butler of my revocation of this consent. To ensure proper notification of revocation of this consent, I understand that I should submit my request in writing to the Disclosing Institution and IFSA-Butler.

Printed Name _____

Home Institution _____

Signature _____

Student Identification Number _____

Date _____

Student InformationName _____
(first) (middle) (last)

Social Security Number _____

Date of Birth _____

Local Telephone () _____

Major _____

Class Standing When You Study Abroad (circle one) Soph Jr Sr

Anticipated Graduation Date: Month _____ Year _____

Program Selection

Please list your top university choices in order of preference (see catalogs or the Web site for university listings). Under most circumstances, your application will be submitted to your first choice university only.

First Choice Program _____

Alternative Program _____

Student Name _____ Home Institution _____

To the Study Abroad Advisor

If the campus does not have a study abroad advisor, an academic dean, registrar, or other campus official who has access to the information below may complete this form.

The above student is applying for a full-time program of undergraduate study abroad sponsored by the Institute for Study Abroad, Butler University, with the expectation that the U.S. equivalent of the semester hours of credit earned abroad will be transferred toward his or her degree in progress at home. Your student's application cannot be considered until we receive this form from you.

IFSA-Butler is a national nonprofit organization regularly serving students from accredited colleges and universities nationwide. We require that all applicants be degree-seeking undergraduate students currently enrolled and in good standing at an accredited North American college or university. Please call our office if you have any questions. By signing this form, you approve transfer of credit earned abroad as shown on the Butler University transcript.

To your knowledge, has this student been involved in any serious disciplinary action while attending your institution? Yes No
If yes, please explain the nature of the incident (e.g., alcohol, drugs, academic).

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

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

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

Advisor Name _____ Title _____
Institution _____
Address _____
City _____ State _____ Zip _____
Telephone () _____ Fax () _____
E-mail _____
Signature _____ Date _____

Program Transcripts

After the student completes the study abroad program, the Butler University Registrar will provide an official transcript for credit transfer. This transcript will show the institution attended abroad together with the appropriate grades and semester hours of credit earned in all courses attempted.

If your university has previously designated a single recipient for all transcripts, we will send the transcript to that address. Otherwise, we will send the transcript to the address you provide below.

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Telephone () _____ Fax () _____ E-mail _____

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Academic Recommendation

Student Name _____ Home Institution _____

To the Faculty Member

This form is an integral part of the above student's application to study abroad through the Institute for Study Abroad, Butler University. IFSA-Butler is a national nonprofit organization regularly serving students from accredited colleges and universities nationwide.

To help ensure favorable consideration of this student's application to one of our affiliated institutions abroad, please complete this form and forward both pages directly to our office. **If you use additional pages, please use university letterhead and sign both the form and the extra page(s).**

Admission to our programs is competitive and selective. We enroll students into existing universities abroad. Our programs operate on a rolling admissions policy, which means some programs may close before the published application deadline. Please complete and forward this form as quickly as possible.

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 weaknesses which might impede the student's success abroad would also be of great help to us.

Thank you for taking time to assist this student. We hope that you will call our office if you have any questions about this student's application or about any of our study abroad programs, services, or overseas affiliates.

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 |
| Depth of background in proposed subject | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Have you found this student to be a mature and stable person? Do you think this student would make the personal, social, and academic adjustment to a program abroad?

Do you have any additional comments about this student?

Please complete and sign this form. Forward this completed form directly to the Institute for Study Abroad, Butler University, at the address listed above.

Name _____ Title/Dept. _____

Institution _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

E-mail _____

Signature _____ Date _____

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Agreements and Releases

Agreements

I hereby authorize the Institute for Study Abroad, Butler University ("IFSA-Butler"), to reproduce my completed Application Form, Program Approval Form, Recommendation Form, and any other references in support of this application and release them to cooperating institutions abroad, their personnel, and IFSA-Butler staff.

I have read the descriptions of the programs for which I am applying and accept the program arrangements as offered.

I certify that the statements I have made on this Application Form are correct and agree to notify the Institute for Study Abroad if I should fail to remain in good standing at my Home Institution or suffer a change in circumstances 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 Institute for Study Abroad and my Host Institutions with regard to both personal and academic performance. I understand 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 authorize the appropriate official(s) of my Host Institution(s) abroad to forward official transcripts or grade reports of work completed abroad to the Butler University Registrar, and I authorize the Butler University Registrar to forward an official transcript for this work to the appropriate official(s) at my Home Institution as listed on my Program Approval Form.

Applicant's Signature (required) _____ Date _____

Consent to Disclosure of Education Records to Home Institution and Governmental Agencies

I hereby authorize and direct the Institute for Study Abroad, Butler University ("IFSA-Butler"), to disclose my education records and other records as described below, and/or the information contained therein, to my Home Institution, and to all appropriate U.S. and foreign governmental agencies. The purposes of this disclosure are for IFSA-Butler to keep my Home Institution advised of my progress and participation in the study abroad program in which I am participating and to permit IFSA-Butler to provide information as requested or required by U.S. and foreign governmental agencies.

The records and information I authorize and direct to be disclosed by IFSA-Butler are:

1. My academic transcript or other information relating to my academic performance and progress;
2. Records showing the activities in which I am or have been involved while participating in a study abroad program;
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct by me that did not result in disciplinary proceedings or action arising out of my participation in a study abroad program;
4. Records reflecting any medical or other emergency situations in which I may become involved while participating in a study abroad program; and
5. Records reflecting my payments to IFSA-Butler and the status of any accounts due and owed by me to IFSA-Butler.

I understand that by signing this consent I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 USC Section 1232g, and I waive those rights voluntarily by signing this consent. I further understand that I have the right to revoke this consent at any time by notifying IFSA-Butler of my revocation of this consent. To ensure proper notification of revocation of this consent, I understand that I should submit my request in writing to IFSA-Butler.

Printed Name _____ Home Institution _____

Signature _____ Date _____

Authorization to Release Information

I hereby waive my right of access to the academic information included in this application, including the Academic Recommendation form, and ask that it be completed and forwarded to the Institute for Study Abroad, Butler University.

Signature _____ Date _____