

E-mail _____

Phone _____

Address _____
(street) (city) (state) (zip)

College (check off one):

___ College of Arts and Sciences

___ College of Criminal Justice

___ Bouve College of Health Sciences

___ College of Engineering

___ College of Business Administration

___ School of General Studies

___ College of Computer Science

___ College of Professional Studies

Date of Birth (MM/DD/YY) _____ Citizenship U.S. Other _____

Part III: Emergency Contact Information

1. Contact Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail: _____

SECOND EMERGENCY CONTACT (please use someone living at a different address)

2. Contact Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail: _____

Part IV. Short Answer Essays:

Please answer all of the following questions (2-3 pages total, single spaced).

1. *What are your personal and academic reasons for wishing to participate in this Dialogue of Civilizations program?*
2. *How will the program further your academic and career goals?*
3. *What is your previous travel and language experience, if any?*
4. *What courses have you taken which are directly relevant to the program?*

Part V: Anonymous Statistical Reporting (optional)

Gender: Male Female

Ethnicity/Race:

- Native American/Alaskan Native
- Asian American/Pacific Islander
- African American
- Hispanic/Latino(a)
- White/Caucasian
- Multiracial
- Other

Academic Level:

- Freshman
- Sophomore
- Middler/Junior
- Senior

Major Field of study:

- Agriculture
- Architecture
- Business/Management
- Criminal Justice
- Education
- Engineering
- Fine or Applied Arts
- Foreign Languages
- Health Sciences
- Humanities (*American Sign Language, Communication Studies, English, Journalism, Modern Languages, and Philosophy & Religion*)
- Social Sciences (*African-American Studies, Anthropology, Economics, History, Human Services, International Affairs, Latino/Latin American & Caribbean Studies, Linguistics, Political Science, Psychology, Sociology, and Women's Studies*)
- Math/Computer Science
- Physical/Life Science
- Undecided

Part VI: Application Policies: Read & initial each statement.

- All application materials must be returned to the Office of International Study Programs. _____

- I am aware of the application deadlines for this particular trip as posted on The Office of International Study's website. _____

- The Office of International Study Programs & faculty leaders reserve the right to request additional information from the student (e.g., letters of recommendation, personal statement) in order to evaluate an application. _____

- The Office of International Study Programs submits all applications to The Office of Student Conduct and Conflict Resolution for review. The results will be a factor in evaluating the application. OISP reserves the right to deny students the opportunity to study abroad if they are placed on probation, deferred suspension, or are suspended. _____

- The Office of International Study Programs also reserves the right to withdraw a student's acceptance if academic standards are not maintained, disciplinary action is taken against the student, and/or other information becomes available that would threaten the well-being of the applicant or other participants on the program. _____

- I have read and understand the attached Withdrawal/Cancellation Policy. _____

- I understand that I am responsible for all non-recoverable costs associated with the program. _____

- I understand that this is a Northeastern sponsored program and therefore, subject to the same academic, judicial, and financial responsibilities as if I were on campus. _____

- I have read and understand Northeastern's Drug & Alcohol Policy as outlined on the Public Safety Division website, <http://www.northeastern.edu/publicsafety/drugpol.html>. _____

I am submitting this application to participate on a Northeastern University Short Term, Faculty-Led study abroad program. I accept the previously mentioned application policies.

Student Signature

Date

Print Name

Part VI: Withdrawal Policy

Introduction: The decision to enroll in a study abroad program involves a significant investment of money and requires a commitment on the part of the student to fully prepare in order to experience the program's full benefits. Students interested in enrolling in a study abroad program are urged to plan carefully and to be completely familiar with the withdrawal policies before applying.

The study abroad refund policies supersede Northeastern University's on-campus refund policies.

Definition of non-recoverable expenses: An expense becomes non-recoverable when it has already been paid out to a vendor. Non-recoverable expenses vary by program and may include, but are not limited to: airfare, housing, transportation, and administrative fees. Northeastern will return all expenses that can be recovered from a program to a student.

Office of International Study Programs

Summer/Semester Programs (12-16 credits)

If a student withdraws from the program 45 days or less from the date of departure there will be a \$300 administrative fee charged to the student's tuition account in addition to any non-recoverable expenses.

Short Term, Faculty -Led Programs (0-8 credits)

If an accepted student withdraws from the program, the student will lose the \$300 nonrefundable deposit in addition to any other non-recoverable expenses.

Center for Education Abroad & Diversity

Upon admission to a program, students are responsible for a nonrefundable \$200 deposit (to be applied toward the cost of the program) as well as any non-recoverable expenses. Furthermore, if a student withdraws from the program 45 days or less from the date of departure there will be an additional \$100 administrative fee charged to the student's tuition account in addition to any non-recoverable expenses.

After the start date of any program: If a student withdraws from an International Study Program, the student is not eligible for any refund of non-recoverable costs including, but not limited to the following situations:

- ◆ Illness or accident
- ◆ Homesickness
- ◆ Family emergency
- ◆ Language difficulties
- ◆ Adjustment issues due to climate, geography, etc.
- ◆ Political unrest

How to withdraw from a program: Students must submit a Withdrawal/Deferral Request Form to the Office of International Study Programs in 10 BV.

Medical Leave of Absence: Due to the non-recoverable costs associated with studying abroad, the University's medical and non-medical leaves of absence policies do not apply to students participating in International Study Programs.

Program Cancellation/Suspension Policies

If the U.S. State Department issues an official recommendation to evacuate U.S. nationals from a country in which NU offers a program, NU will suspend or cancel the program in that country and:

- All students are required to return immediately to the U.S.
- Only recoverable program fees will be refunded to those students already participating, or preparing to participate, in that particular program.
- Program participants and accepted applicants are not entitled to any refund if and when there is a threat or an outbreak of war.
- If the program is suspended or cancelled prior to the program start date, we will work with students to transfer to another NU program if at all possible.

OFFICE OF INTERNATIONAL STUDY PROGRAMS WITHDRAWAL / DEFERRAL REQUEST FORM

1. Personal Information:

STUDENT NAME: _____

NU STUDENT ID: _____

NU EMAIL: _____

NAME OF STUDY ABROAD PROGRAM: _____

2. Please circle applicable semester:

WITHDRAWAL FROM: FALL SPRING SUMMER I SUMMER II
YEAR: 20__ __

OR

DEFER TO: FALL SPRING SUMMER I SUMMER II
YEAR: 20__ __
(Does not apply to Dialogue of Civilizations/Short Term, Faculty-Led)

3. Please circle alternate plans for semester: Classes COOP Vacation Leave of Absence

4. Please read and sign:

By signing and submitting this form, I request that NU withdraw/defer me from participation and concurrent enrollment in the international opportunity indicated above. My withdrawal/deferral will take effect on the next business day from the date this form is received by OISP, either by fax or mail.

I understand and agree to the withdrawal/deferral policies specific to my program. I am aware that I am responsible for all non-recoverable costs of the program.

Student Signature: _____

Date: _____

OISP Staff Signature: _____

Date: _____

PLEASE SUBMIT YOUR COMPLETED REQUEST BY FAX OR MAIL TO:

Office of International Study Programs
Northeastern University
360 Huntington Ave., 10 BV
Boston, MA 02115
Ph: 617-373-5276
Fax: 617-373-5702

NU Office Use Only

DOC/Faculty Led

Registrar _____

Bursar _____

Faculty Leader _____

Travel _____

Non-recoverable Total _____

OISP Programs

Registrar _____

Bursar _____

Host Program _____

Travel _____

Pull File _____

Update Spreadsheet _____

Non-recoverable Total _____