



# Witt in China: On The Silk Road Admission Form

**DEADLINE: FEBRUARY 14, 2014**  
**Application Instructions**

Wittenberg University does not discriminate on the basis of sex, race, color, creed, sexual orientation, national origin, or ethnic origin.

*BEFORE FILLING OUT FORMS, PLEASE READ THE INSTRUCTIONS THOROUGHLY AND CHECK WITH THE PROGRAM DIRECTOR FOR ANY ADDITIONAL APPLICATION REQUIREMENTS SPECIFIC TO THE PROGRAM TO WHICH YOU ARE APPLYING.*

*ALL APPLICATION MATERIALS ARE TO BE TURNED INTO THE OFFICE OF INTERNATIONAL EDUCATION (126 HOLLENBECK HALL) BY FEBRUARY 14<sup>TH</sup> NO LATER THAN 5PM.*

## **ALL PROGRAM APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:**

- PART 1: STUDENT INFORMATION FORM
- PART 2: ACADEMIC INFORMATION FORM
- DEPOSIT AMOUNT OF \$500 (SEE BELOW)
- 2 ACADEMIC LETTERS OF RECOMMENDATION (FORMS INCLUDED) (FACULTY MEMBERS OR PROFESSORS)
- DEGREE AUDIT (NON-WITTENBERG STUDENTS: PLEASE SUBMIT AN OFFICIAL TRANSCRIPT WITH YOUR APPLICATION)
- STUDENT CONDUCT FORM
- WAIVER/RELEASE
- ESSAY – PLEASE ADDRESS THE FOLLOWING THREE QUESTIONS:
  - WHAT BENEFITS DO YOU EXPECT TO GAIN FROM THIS PROGRAM?
  - WHAT DO YOU BRING TO THIS PROGRAM?
  - WHAT SPECIAL PROGRAMMING WILL YOU REQUEST (E.G. CREDIT FOR BUSN 250, PRE-HEALTH FOCUS, ETC.)?

## **DEPOSIT INFORMATION**

THIS IS A NON-REFUNDABLE DEPOSIT UNLESS THE PROGRAM IS CANCELLED BY WITTENBERG UNIVERSITY.

- DEPOSITS WILL NOT BE WAIVED UNDER ANY CIRCUMSTANCES
- ONLY CHECKS OR MONEY ORDERS WILL BE ACCEPTED
- MUST BE MADE PAYABLE TO "WITTENBERG UNIVERSITY"

## **NON-WITTENBERG STUDENT APPLICANT INSTRUCTIONS**

STUDENTS THAT ARE CURRENTLY ENROLLED OR ADMITTED TO ANOTHER INSTITUTION AS FULL-TIME STUDENTS MUST SUBMIT THE FOLLOWING MATERIAL IN ADDITION TO ALL REGULAR APPLICATION MATERIALS:

- SUMMER SESSION APPLICATION FOR TRANSIENT STUDENTS WITH APPLICATION FEE
- ADMISSION FEE OF \$40

*\*APPLICATIONS CAN BE FOUND ON THE SCHOOL OF COMMUNITY EDUCATION WEBSITE*

## **FINANCIAL AID INFORMATION**

MEET WITH THE FINANCIAL AID DIRECTOR AS SOON AS POSSIBLE TO DETERMINE YOUR ELIGIBILITY FOR FINANCIAL AID. FOR MOST STUDENTS STUDYING ABROAD DURING THE SUMMER, THE ONLY AVAILABLE FINANCIAL AID WOULD BE LOANS OR THE SUMMER INCENTIVE GRANT (SIG). IF YOU ARE INTERESTED IN MORE INFORMATION ON THE SUMMER INCENTIVE GRANT (SIG), PLEASE VISIT THE SCHOOL OF COMMUNITY EDUCATION OFFICE (101 SHOVLIN).



# Summer Abroad Admission Form Part 1

## Student Information

Please fill out information completely and type or print blue or black ink.

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### PERMANENT CONTACT INFORMATION

SOCIAL SECURITY NUMBER:    -   -

\_\_ MR. \_\_ MS. LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

### PERSONAL INFORMATION

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLACE OF BIRTH:

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_

\_\_ U.S. CITIZEN

\_\_ NON-U.S. CITIZEN (SPECIFY) \_\_\_\_\_

\_\_ U.S. ALIEN RESIDENT \_\_\_\_\_

DO YOU HAVE A PASSPORT FOR THE DURATION OF THE PROGRAM? (IF YOU HAVE A PASSPORT, PLEASE SUBMIT A COPY OF YOUR PASSPORT WITH YOUR APPLICATION)

\_\_ YES. PASSPORT # \_\_\_\_\_

COUNTRY OF ISSUE \_\_\_\_\_

\_\_ CURRENTLY APPLYING

### WITHDRAWAL POLICY

PLEASE CHECK BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

- I UNDERSTAND THAT IF ACCEPTED, MY PROGRAM DEPOSIT IS NON-REFUNDABLE UNLESS THE PROGRAM IS CANCELLED BY THE UNIVERSITY.
- I ALSO UNDERSTAND THAT IF I WITHDRAWAL BEFORE MARCH 31, I WILL BE RESPONSIBLE FOR THE CORRESPONDING WITHDRAWAL FEE.

DATE OF WITHDRAWAL	WITHDRAWAL FEE
BEFORE MARCH 31	10% OF TOTAL PROGRAM FEE
APRIL 1 TO APRIL 30	25% OF TOTAL PROGRAM FEE
MAY 1 TO SUMMER SESSION START DATE	50% OF TOTAL PROGRAM FEE
START DATE OF SUMMER SESSION	100% OF TOTAL PROGRAM FEE

### INSURANCE INFORMATION

WITTENBERG PROVIDES STUDY ABROAD INSURANCE FOR ALL STUDENTS PARTICIPATING IN OUR SUMMER STUDY ABROAD PROGRAMS. FOR MORE INFORMATION ON THIS INSURANCE, PLEASE CONTACT EITHER YOUR FACULTY PROGRAM DIRECTOR OR THE OFFICE OF INTERNATIONAL EDUCATION.

### THE FOLLOWING IS OPTIONAL. HOW WOULD YOU DESCRIBE YOURSELF? (SELECT ONE OF MORE)

- AMERICAN INDIAN OR ALASKA NATIVE
- BLACK OR AFRICAN AMERICAN
- ASIAN
- HISPANIC OR LATINO
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE



# Summer Abroad Admission Form Part 2

## Academic Information

Please fill out information completely and type or print blue or black ink.

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### PROGRAM INFORMATION

HOW DID YOU LEARN ABOUT THE PROGRAM TO WHICH YOU ARE APPLYING?

(CHECK ALL THAT APPLY)

POSTER/PAMPHLET     STUDY ABROAD OFFICE/FAIR  
 PROFESSOR     OTHER (SPECIFY) \_\_\_\_\_

### RECOMMENDATION LETTERS

NAME OF RECOMMENDER: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

DAY PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EVENING PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

DAY PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EVENING PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### DISCIPLINARY INFORMATION

THE EXISTENCE OF A DISCIPLINARY RECORD OR CURRENT DISCIPLINARY SANCTIONS DOES NOT PRECLUDE ADMISSION, BUT WILL BE CONSIDERED IN THE OVERALL EVALUATION OF THE APPLICATION.

ARE YOU CURRENTLY ON DISCIPLINARY PROBATION?  Yes  No    *IF YES, PLEASE ATTACH A BRIEF STATEMENT OF EXPLANATION.*

### CONSENT TO DISCLOSURE OF EDUCATION RECORDS

I HEREBY AUTHORIZE AND DIRECT YOUR HOME INSTITUTION TO DISCLOSE TO THE OFFICE OF INTERNATIONAL EDUCATION (“OIE”) MY EDUCATION RECORDS AS DESCRIBED BELOW. I FURTHER AUTHORIZE OIE TO DISCLOSE MY EDUCATION RECORDS AS DESCRIBED BELOW TO MY PROGRAM DIRECTOR(S) AND ANY EDUCATIONAL INSTITUTION THAT MAY BE INVOLVED IN ANY PROGRAM TO WHICH I AM ACCEPTED. THE PURPOSES OF THIS DISCLOSURE ARE FOR OIE TO DETERMINE WHETHER I WILL BE ACCEPTED AS A PARTICIPANT IN A STUDY ABROAD PROGRAM ADMINISTERED BY WITTENBERG UNIVERSITY; AND FOR OIE 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 MY HOME INSTITUTION TO OIE AND BY OIE TO THE PROGRAM DIRECTOR(S) AND THE EDUCATIONAL INSTITUTION ARE:

1. MY ACADEMIC TRANSCRIPT
2. RECORDS SHOWING THE ACTIVITIES IN WHICH I AM OR HAVE BEEN INVOLVED WHILE ATTENDING MY HOME INSTITUTION, AND
3. RECORDS REFLECTING DISCIPLINARY OR MISCONDUCT PROCEEDINGS AND/OR SANCTIONS TAKEN AGAINST ME BY MY HOME 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 EVOKE THIS CONSENT AT ANY TIME BY NOTIFYING WITTENBERG UNIVERSITY AND OIE 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 WITTENBERG UNIVERSITY AND OIE.

PRINTED NAME: \_\_\_\_\_ SCHOOL ID#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

DATE: \_\_\_\_\_