

## **SUMMER GENERAL ELECTIVE CREDIT STUDY ABROAD PETITION INSTRUCTIONS**

### **ELIGIBILITY**

These instructions pertain to students from any Washington University (WU) College or School applying to an alternative semester study abroad program that is not Washington University approved. General qualifications include a sound academic purpose relevant to the program of choice, appropriate academic preparation, minimum B (3.0) average for college level academic work, and no behavioral concerns. In addition, many programs have their own special requirements.

### **DEADLINE\***

**February 1**

\*Early application is strongly recommended for all programs.

### **APPLICATION CHECKLIST**

#### **A COMPLETE APPLICATION MUST INCLUDE:**

##### **WU FORMS**

- Program Information
- Data Sheet
- Statement of Purpose
- Study Plan
- Academic Record
- Student Risk and Personal Responsibility
- Parental Agreement

##### **REFERENCES FROM WU FACULTY MEMBERS (Give min. 3 weeks notice)**

Please use program-specific forms when available.  
If no form is provided, please use the WU Faculty Reference forms.

##### **MEETING WITH ASSOCIATE DIRECTOR, OVERSEAS PROGRAMS AT LEAST TWO WEEKS BEFORE DEADLINE. YOU MUST BRING A DRAFT OF YOUR STATEMENT OF PURPOSE WITH YOU. CALL 5-5958 FOR AN APPOINTMENT.**

##### **PROGRAM-SPECIFIC FORMS AND SUPPLEMENTAL MATERIALS**

Please submit information about the program, including course descriptions.

**Please make sure that every page of the application has your name, program, and term for which you are petitioning to study abroad.**

**Submit all application materials to:**

Office of Overseas Programs  
Campus Box 1088  
Washington University  
1 Brookings Drive  
St. Louis, MO 63130  
Tel: 314-935-5958 Fax: 314-935-7642  
Email: [overseas@wustl.edu](mailto:overseas@wustl.edu)  
Website: <http://www.artsci.wustl.edu/~overseas/>



**DATA SHEET**

**Please print in ink.**

Period of intended study abroad: Year(s): \_\_\_\_\_ Fall \_\_\_ Spring \_\_\_ Academic Year \_\_\_ Summer \_\_\_  
 Program Choice: Country \_\_\_\_\_ Foreign Institution or Program Name \_\_\_\_\_ Primary Subject to be Studied Abroad \_\_\_\_\_

**Personal Data:**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 \_\_\_ Female \_\_\_ Male WU Student No. (SSN for non-WU): \_\_\_\_\_ Birth date (mm/dd/yr): \_\_\_/\_\_\_/\_\_\_  
 US citizen? \_\_\_Yes \_\_\_No If "yes" Passport Number: \_\_\_\_\_  
 If not US citizen, nationality: \_\_\_\_\_ and residency/visa status: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ and "edu" e-mail: \_\_\_\_\_@\_\_\_\_\_.wustl.edu  
 (**cannot** be aol, hotmail, yahoo, etc.)  
 WU Students Only: After confirming WebSTAC includes your current local address and telephone number, check here \_\_\_  
 Permanent (home) address: \_\_\_\_\_  
 \_\_\_\_\_ Street  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Parents:	Mother	Father
Name:	_____	_____
Complete Address:	___ same as permanent address _____	___ same as permanent address _____
(List full address of both if different)	_____	_____
Telephone:	home: _____	home: _____
	work: _____	work: _____
E-mail:	_____	_____

**Educational Information:** WU College or School: \_\_\_ A&S \_\_\_ Arch. \_\_\_ Art \_\_\_ Bus. \_\_\_ Eng.  
 If not a WU student, name of your college or university: \_\_\_\_\_  
 Major(s) for which you intend to receive credit for course work abroad: \_\_\_\_\_  
 Minors(s) for which you intend to receive credit: \_\_\_\_\_  
 Class standing (at time of study abroad): \_\_\_ Fr \_\_\_ So \_\_\_ Jr \_\_\_ Sr \_\_\_ Just Graduated \_\_\_ Gr  
 Overall GPA: \_\_\_\_\_  
**On-campus activities:** Please list the organizations, teams, or clubs in which you are actively involved:  
 \_\_\_\_\_  
 \_\_\_\_\_

References:	Name	Department	E-mail Address
1.	_____	_____	_____
2.	_____	_____	_____

### STATEMENT OF PURPOSE

Please answer on a separate sheet of paper. Your typed response should be 3 pages maximum, double-spaced with 1 inch margins using 12pt. font. Make sure to include your name, ID and the program for which you are applying.

Present a compelling case for your participation in the selected program. Geographic and institutional preferences will be insufficient to justify approval of your petition. You should emphasize:

- Your academic purpose in choosing the program including a summary of the merits of the program.
- Why your academic needs cannot be met by a regular WU program.
- How your proposed course of study abroad complements or enhances your WU academic endeavors
- Your academic preparation for this experience including prior/current course work relevant to the subject area, fieldwork (if any), geographic region, and foreign language proficiency.
- A description of the faculty who will be teaching on your proposed program and/or the academic strengths of the institution you have identified.

**NOTE: YOU MUST MEET WITH THE ASSOCIATE DIRECTOR OF OVERSEAS PROGRAMS PRIOR TO SUBMITTING YOUR PETITION, AND BRING A DRAFT STATEMENT OF PURPOSE TO YOUR APPOINTMENT. PLEASE CALL 5-5958 TO SCHEDULE A MEETING**

### STUDY PLAN

**Student:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Period of intended study abroad: Year(s): \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_ Foreign Institution or Program Name \_\_\_\_\_

**General Elective Credit**

It is NOT possible to receive WI/QA/SD/CD credit for courses taken abroad.

Courses you plan to take while abroad	Distribution Credit (NS/LA/SS/TH for 1 course only) <b>Leave blank if distribution credit is not needed</b>
1.	1.
2.	N/A
3.	N/A

I acknowledge that this form does not guarantee the amount of credit to be awarded for study abroad or the ultimate acceptability of proposed courses or subjects for satisfying specific degree requirements, both of which depend upon a review of academic performance and course work after completion of the program.

I also acknowledge that by choosing to petition for general credit only, I will not earn credit towards a major, minor or foreign language study through this program. I understand that I may be required to consult with the relevant academic department at WU to verify the academic rigor of the program I have selected.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACADEMIC RECORD FORM

**This form will be used to obtain your official WU transcript which will be evaluated as part of the application process and sent to your program of choice if your petition is approved. You do NOT need to order a separate transcript.**

**Student:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Period of intended study abroad: Year(s): \_\_\_\_\_ \_\_\_Fall \_\_\_Spring \_\_\_Academic Year \_\_\_Summer

\_\_\_\_\_ Country

\_\_\_\_\_ Foreign Institution or Program Name

\_\_\_\_\_ Primary Subject to be Studied Abroad

Please sign below to authorize the Office of Overseas Programs to request, receive, and distribute official WU transcripts of your academic record on your behalf in support of your application for study abroad.

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ WU Student No.

\_\_\_\_\_ Date

\*Note: If you transferred to WU from another college or university, an official transcript from that institution may be required as well. Please clarify the requirement with the Office of Overseas Programs.

### Disciplinary Record

Have you ever been before a university disciplinary officer, including but not limited to the Judicial Administrator, Residence Life, Greek Life, Athletics, or a Dean's Office? \_\_\_Yes \_\_\_No

If yes, please attach a separate sheet of paper with a brief description of the circumstances.

### ACADEMIC REFERENCE FORM

**Note:** Please use this form as a cover sheet along with program-specific reference forms when available.

**Student (please print):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_.wustl.edu Phone: \_\_\_\_\_

Period of intended study abroad: Year(s): \_\_\_\_\_ \_\_\_ Fall \_\_\_ Spring \_\_\_ Academic Year \_\_\_ Summer

Program student is applying to:

Country	Foreign Institution or Program Name	Primary subject to be studied abroad
_____	_____	_____

**Name of Reference:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date this form was given to Reference:** \_\_\_\_\_

**Due date:** \_\_\_ Feb 1 \_\_\_ Other \_\_\_\_\_

**Statement:** I hereby \_\_\_ waive \_\_\_ do not waive my ability to view this letter.

\_\_\_\_\_  
Student's Signature

\* This recommendation should come from a professor, instructor, or advisor who is familiar with your academic work. Preferably, this person should be familiar with the subject area(s) you intend to study while abroad. For a foreign language program, at least one of your references should be familiar with your language proficiency. Be sure to discuss your study abroad goals and expectations before requesting the letter of reference.

**Faculty Member or Advisor:**

- Please do NOT send any materials directly to the program.
- If a program-specific reference form is included, please complete and return it via Campus Mail to **Overseas Programs, Campus Box 1088**, with this form. **Do NOT send the reference letter directly to the program.** You do not need to write a separate letter and may disregard the instructions below.
- If no program-specific form is provided, please prepare a letter evaluating this student with respect to:
  - a. Academic ability and preparation for participation in the study abroad program(s) listed above.
  - b. Personal suitability for study abroad, including adaptability, maturity, and motivation.
- Please write your recommendation letter "To Whom It May Concern" on letterhead stationery.
- Please send this form and the signed and dated letter (or completed program-specific form, if any) directly to:

**Office of International and Area Studies**  
**Campus Box 1088**  
One Brookings Drive  
Washington University  
St. Louis, MO 63130  
Tel. 314-935-5958  
Fax 314-935-7642  
e-mail: [overseas@wustl.edu](mailto:overseas@wustl.edu)

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E-mail address: \_\_\_\_\_@\_\_\_\_\_.wustl.edu Phone: \_\_\_\_\_

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Due date: \_\_\_Feb 1 \_\_\_Other \_\_\_\_\_

Statement: I hereby \_\_\_waive \_\_\_do not waive my ability to view this letter.

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Student's Signature

\* This recommendation should come from a professor, instructor, or advisor who is familiar with your academic work. Preferably, this person should be familiar with the subject area(s) you intend to study while abroad. For a foreign language program, at least one of your references should be familiar with your language proficiency. Be sure to discuss your study abroad goals and expectations before requesting the letter of reference.

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Fax 314-935-7642  
e-mail: [overseas@wustl.edu](mailto:overseas@wustl.edu)

**STATEMENT OF PERSONAL RESPONSIBILITY AND ASSUMPTION OF RISK**

Washington University - College of Arts and Sciences Overseas Programs  
Summer General Elective Credit Petition to Participate in an Alternative Program for Study Abroad

**Behavioral and academic standards:** Admission to study abroad may be denied or rescinded due to behavioral or academic concerns. Your WU judicial and academic records will be subject to review. As a participant, you will be expected to behave in a manner that is consistent with the behavioral standards of the WU Judicial Code. Disruptive behavior, academic dishonesty, and other improprieties will not be tolerated. Also, you must comply with the rules and regulations of any host institution and with the local laws and regulations in the foreign country or countries where you reside or travel during the program, including times when you are engaged in independent activities. Your participation in the program may be terminated by WU for violation of these standards, along with forfeiture of program fees and loss of academic credit for the program. You may have to return to WU at your own expense to appeal a disciplinary decision.

**Drug use and other illegal activities:** The possession or use of any quantity of marijuana, cocaine, or other illegal substance is strictly prohibited. This prohibition applies not only while you are in the company of fellow participants, but also while you are alone or with people not associated with the program. The consequences of substance abuse or other illegal activity at any time during the program include immediate expulsion from the program, forfeiture of all program fees, and loss of academic credit for the program. Furthermore, U.S. citizens in a foreign country are subject to the laws of that country. Neither the U.S. Embassy nor Washington University can obtain your release from jail; they can only aid in obtaining legal assistance for you.

**Inherent conditions, hazards, and risks:** Washington University acts only to provide the opportunity for foreign study and does not guarantee your satisfaction with the program or your well-being. You will not be closely supervised while you are abroad. You are responsible for using good judgment to ensure your own health, safety, and welfare. There are certain inherent conditions, hazards, and risks associated with international travel and living abroad for which the University cannot and will not assume responsibility. These include, but are not limited to, inclement weather, natural disasters, labor disputes, riots, terrorism, delays or disruption of travel or accommodations, accidents, and disease. During the period of your participation in the program, and while you are en route to or returning from the program, WU will not be responsible for any injury or damage to you or your property or for any personal liability sustained or incurred by you.

**Medical needs and health insurance:** You are responsible for assessing your own medical needs. Physical or emotional problems may be exacerbated by stresses associated with study abroad. You must be medically able and prepared to participate in the program, including appropriate immunizations. Some foreign institutions and/or national health systems provide limited health care for visiting students, but access to free or low cost medical care is not assured and may not be readily available. You are responsible for verifying that you will have adequate health insurance coverage and that it will remain effective for the duration of the program. Also, you are responsible for complying with the appropriate claims procedures and deadlines. Students participating in summer study abroad programs are covered by mandatory WU student health insurance, which provides worldwide coverage for partial reimbursement of medical expenses plus the services of Assist America, including medical evacuation and repatriation of remains. Simultaneously, you may be covered by a family or private health insurance plan and/or by mandatory host country student health insurance.

**Authorization for emergency medical treatment:** Washington University representation is not available at all program sites. Nevertheless, by signing the following statement, you are granting permission to WU and any person acting on behalf of the University to authorize emergency medical treatment for you when deemed necessary, and you are agreeing that neither the University nor the person acting on behalf of the University can be held responsible for any injury or damage that may arise out of or in connection with such authorization.

**Statement:** I understand and accept the stated conditions of participation in a WU sponsored or approved study abroad program. I understand and accept my responsibilities, and I understand and assume the potential risks, as described above. I authorize WU to contact my parent or guardian about my physical or mental health while I am abroad if deemed advisable to do so. I am eighteen years of age and fully competent to sign this statement and I am signing it as my own free act.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
WU Student No. (SSN for non-WU)

### PARENTAL AGREEMENT

<b>Student:</b> Last Name: _____	First Name: _____	Middle Initial: _____
Program student is applying to:	Country	Foreign Institution or Program Name
Summer 20_____	_____	_____

**Behavioral and academic standards:** Admission to study abroad may be denied or rescinded due to behavioral or academic concerns. Disruptive behavior, academic dishonesty and other improprieties will not be tolerated. Participation in the program may be terminated by WU for violation of these standards, along with forfeiture of program fees and loss of academic credit for the program.

**Drug use and other illegal activities:** The possession or use of any quantity of marijuana, cocaine, or other illegal substance is strictly prohibited. The consequences of substance abuse or other illegal activity at any time during the program include immediate expulsion from the program, forfeiture of all program fees, and loss of academic credit for the program. Furthermore, U.S. citizens in a foreign country are subject to the laws of that country. Neither the U.S. Embassy nor WU can obtain release from jail; they can only aid in obtaining legal assistance.

**Inherent conditions, hazards, and risks:** Washington University acts only to provide the opportunity for foreign study and does not guarantee satisfaction with the program or a student's well-being. Students will not be closely supervised while abroad and are responsible for using good judgment to ensure their own health, safety, and welfare. There are certain inherent conditions, hazards, and risks associated with international travel and living abroad for which the University cannot and will not assume responsibility. These include, but are not limited to, inclement weather, natural disasters, labor disputes, riots, terrorism, delays or disruption of travel or accommodations, accidents, and disease. During the period of participation in the program, and during transit to or from the program, WU will not be responsible for any injury or damage or for any personal liability sustained or incurred.

**Medical needs and health insurance:** You and your student are responsible for assessing medical needs. Physical or emotional problems may be exacerbated by stresses associated with study abroad. A student must be medically able and prepared to participate in the program, including appropriate immunizations. You and your student are responsible for verifying that the student will have adequate health insurance coverage and that it will remain effective for the duration of the program. Students participating in summer study abroad programs are covered by mandatory WU student health insurance, which provides worldwide coverage for partial reimbursement of medical expenses plus the services of Assist America, including medical evacuation and repatriation of remains.

**Authorization for emergency medical treatment:** Washington University representation is not available at all program sites. Nevertheless, by signing the following statement, you are granting permission to WU and any person acting on behalf of the University to authorize emergency medical treatment for your student when deemed necessary, and you are agreeing that neither the University nor the person acting on behalf of the University can be held responsible for any injury or damage that may arise out of or in connection with such authorization.

**Billing:** For the majority of summer study abroad programs, bills will be sent from the sponsoring institution or program abroad directly to the parent/guardian and paid directly to the program or institution abroad. For any student wishing to take out supplemental loans through the WU Office of Student Financial Services, parents should contact Overseas Programs so that charges will be posted to the WU student account and paid to WU.

<b>Parent/Guardian's Statement of Consent</b>	
The above named student has my permission to participate in the above listed program(s). I agree to the terms and conditions listed above, and will meet the applicant's expenses, including all program costs and fees, on the same terms as if the student were taking courses on the Washington University home campus.	
_____	_____
Parent's Signature	Date
_____	_____
Printed Name	Telephone Number

Please sign this form and send it to: Office of International and Area Studies, Campus Box 1088, Washington University, One Brookings Drive, St. Louis, MO 63130. Alternatively, you may fax it to 314-935-7642.