Application for Agricultural Study Abroad

APPLICATION CHECKLIST:

**Semester/Long-Term Summer (8-10 weeks)**
- One Photo attached to application
- Two Letters of Recommendation
  - The first must be from a Purdue Instructor, preferably a Professor, who can comment on your academic performance.
  - The second can be from another instructor or someone else who can comment on you as an individual.
  - Both letters should be sent directly to the International Programs in Agriculture Office.

**Winter/Spring Break**
- One Photo attached to application

**Maymester/Short-Term Summer (2-4 weeks)**
- One Photo attached to application
- One Letter of Recommendation
  - The form should be completed by someone who can comment on both your academic performance and on you as an individual.
  - The form should be sent directly to the International Programs in Agriculture Office.

**Current Transcript**
- Request that the registrar send it directly to International Programs in Agriculture.
  - This can be done through myPurdue.

**Typed Personal Essay**
- One-two pages, describing yourself, your academic experience, your goals and why you want to study abroad.

**Class/Work Schedule**
- Print off a grid view of your class schedule through myPurdue.
  - Include on the schedule your work hours.

APPLICATION DEADLINES:

October 31 – for the following
  - Fall/Summer Term
April 15 – for the following
  - Spring Term

October 12 – Winter Break

October 31 – Spring Break

November 30 – Maymester

Applications will continue to be accepted as long as space is still available.

765-494-8458
AgAbroad@purdue.edu
www.agriculture.purdue.edu/ipia/studyabroad

Prepare for the Experience of a Lifetime!

Return complete application to:
International Programs in Agriculture
Purdue University
Agricultural Administration Building, Room 26
615 West State Street
West Lafayette IN 47907-2053
Application Form
For Agriculture Study Abroad
Purdue University International Programs in Agriculture

Program for which you are applying
(If desired, list several choices in order of preference)
1. ____________________________
2. ____________________________
3. ____________________________

Program Dates (check ONE)
____ Fall 200___ semester only
____ Spring 200___ semester only
____ Summer 200___
____ Spring Break 200___
____ Winter Break 200___

PERSONAL DATA
Name: ___________________________________________________________________
Last First MI
Date of Birth: __________ Gender: Male ☐ Female ☐ Student ID# ________________
Tuition Status: Resident ☐ Non- Resident ☐ Expected Graduation (Month/Year): _________
Current Local Address & Phone:
Street Address __________________________________________________________________
City, State, Zip Local phone ( & ext.)
E-Mail address __________________________________________________________________
Permanent Home Address & Phone:
Street Address __________________________________________________________________
City, State, Zip Home phone w/ area code
Parent/Guardian/Primary Support Person Information:
Name(s): __________________________________ Relationship to you: ______________________
Address & Phone:
(if different from above) Street address __________________________________________________________________
City, State, Zip Phone w/ area code
Emergency Contact (name, relationship, phone): _____________________________________________
(if different from above)

ACADEMIC DATA
Campus now attending: _______________ (i.e. W. Lafayette, Calumet, etc.)
School: Agriculture _______________
Major(s): ______________________________ Minor(s) ________________________________
GPA(cum.): ____________ Current Standing: Fresh ☐ Soph ☐ Junior ☐ Senior ☐ GR ☐
Academic Advisor Name, Campus Address & Phone:
Name ___________________________________________________________________
Campus Address Campus Phone
LANGUAGES STUDIED
List last course taken/term for each language studied:

HONORS /AWARDS
List any honors or awards you have received:

PREVIOUS TRAVEL
Please list below any previous international travel experiences you have had. Indicate countries visited, for how long, and for what purpose.

FINANCIAL AID
(information for statistical purposes only and will not be used in admissions decisions)
Are you currently receiving financial aid? Yes ☐ No ☐
Do you intend to use financial aid during your study abroad? Yes ☐ No ☐

REFERENCES
Indicate below the names and addresses of those submitting references for you (forms attached). If a foreign language is required for your program, one reference should be from an instructor of the relevant foreign language.

1. ___________________________________________________________

2. ___________________________________________________________

ETHNIC INFORMATION
(for statistical purposes only; response is optional)
☐ Asian or Pacific Islander
☐ Native American or Alaskan Native
☐ Black/African-American

HOW DID YOU HEAR ABOUT STUDY ABROAD?
Flyer ☐ Fair ☐ Friend ☐ Professor/Advisor ☐ Class Presentation ☐
Other: ___________________________________________________________

STUDENT CERTIFICATION/SIGNATURE
I certify that the preceding statements are true and accurate to the best of my knowledge. I hereby give my approval to have the information in my University records, including my transcript data and any information in the Dean of Students Office, made available to the Selection Committee, scholarship committees, and to cooperating institutions.

Signature ___________________________ Date _________________________

Return completed application to:
International Programs in Agriculture
Purdue University
Agricultural Administration Building, Room 26
West Lafayette, IN 47907-2053
(765) 494-8458
AgAbroad@purdue.edu
STUDENT MUST COMPLETE THE FOLLOWING:

Student’s Name ____________________________________________

Study Abroad Program __________________________ Date Recommendation Form Due: __________

Waiver
The Family Educational Rights and Privacy Act of 1974 opens many student records for the student’s inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant’s signature below constitutes a waiver; no signature means that the student will have the right to read this reference.

Student’s signature __________________________ Date __________

TO THE RECOMMENDER: Please rate the applicant below, in comparison with other students at the same level.

<table>
<thead>
<tr>
<th></th>
<th>Weak</th>
<th>Below Average</th>
<th>Average</th>
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<th>Exceptional</th>
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<tbody>
<tr>
<td>Academic ability</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Seriousness as a student</td>
<td>1</td>
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<tr>
<td>Motivation</td>
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<tr>
<td>Flexibility/Ability to adapt</td>
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<td>4</td>
<td>5</td>
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<td>Foreign Language Abilities, if applicable:</td>
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</tr>
<tr>
<td>Oral proficiency</td>
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How long and in what capacity have you known the applicant? ________________________________

Please provide below your opinion of the applicant's strengths and weaknesses or express any reservations you may have. In your opinion, how will the student adapt to a foreign culture? You may attach a separate sheet if necessary.

Signature __________________________ Date __________

Type or Print Name __________________________ Title or Position __________________________

Address ________________________________________________________________

Thank you for your recommendation. Please return form to the address above, by the date indicated.
STUDENT MUST COMPLETE THE FOLLOWING:

Student’s Name__________________________________________________________________

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Type or Print Name Title or Position

Address

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