



University of Hawai'i at Mānoa Study Abroad Center



APPLICATION FOR SEMESTER STUDY ABROAD PROGRAMS Chaminade University of Hawai'i (CUH) students only

Thank you for your interest in the programs sponsored by the Study Abroad Center. The attached application comes in five parts and must be completed in its entirety. **Applications missing any of the following items will be deemed incomplete and not considered for review.**

APPLICATION CHECKLIST

- GENERAL INFORMATION** Provide all information requested in black ink.
- PROGRAM OF STUDY STATEMENT** Write a 500-word essay detailing your objectives for the study abroad program.
- THREE CONFIDENTIAL REFERENCE FORMS** Fill out the portion above the “Applicant’s Waiver Statement” and sign the waiver if you so choose. All three forms must be completed by college/university faculty members who are able to judge your academic qualifications for studying abroad. All completed reference forms must be mailed directly by each evaluator to Academic Advising and Retention, Ching 252.

Repeat Study Abroad Center applicants—Students who have already successfully completed a UHMSAC program and are applying for another program or term need only ONE reference form filled out by their former resident director and/or appropriate faculty member.

- TRANSCRIPTS** An official academic transcript from EACH COLLEGE/UNIVERSITY YOU HAVE ATTENDED AND ARE ATTENDING (as listed on item #15) is required as part of your application. Request transcripts as early as possible to allow enough processing time for transcripts to arrive by the deadline. If you are a first-year college student, a high school transcript is required. Have transcripts mailed directly from the school to Academic Advising & Study Abroad at Chaminade University and indicate the specific program location on the transcript request form.
- APPLICATION FEE** Check or money order for \$30, payable to RCUH (*Research Corporation of the University of Hawai'i*).
- VISA STATUS (NON-U.S. CITIZENS ONLY)** Submit a copy of the document that allows you to legally study/live in the U.S.: **DS 2019** (J-1 visa holders), **I-20** (F-1 visa holders) or **Alien Registration Card** (permanent residents)

Submit your completed application and fee to Academic Advising and Retention on or before the deadline set for the program. A selection committee will review the application and make its recommendation to the Study Abroad Center. If admitted, you will receive program-specific acceptance forms and other pertinent information.



Chaminade University of Honolulu
Academic Advising and Retention
Clarence T.C. Ching Hall 252
3140 Waialae Ave.
Honolulu, HI 96816
Tel (808) 735-4815
Fax (808) 739-4675

| DEADLINES (CUH students only) | |
|----------------------------------|--------------------|
| SPRING..... | October 5 |
| FALL..... | March 20 |
| YEAR (Machida, Japan ONLY) | February 20 |
| YEAR (all other locations)..... | March 20 |

University of Hawai'i at Mānoa
Study Abroad Center
Semester/Year Program
for CUH students only R 8/10

Complete in black ink, on single-sided sheets

BIOGRAPHICAL DATA

| | | | | |
|---|----------------------|--|-----------------------|---|
| 1. Name | Last | First | M.I. | 2. Program/Location Abroad |
| <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | 4. E-mail address |
| 5. Study period for which you are applying: | | Fall 20__ | Spring 20__ | Academic Year 20__ - 20__ |
| 6. Birth date | Month | Day | Year | 7. Sex |
| | ____ / ____ / ____ | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| 9a. Passport number | | 8a. Country of citizenship _____ | | |
| 9b. Expiration date | | 8b. Resident of Hawai'i _____ Yes _____ No | | |
| 10a. Visa status if not a U.S. citizen: <input type="checkbox"/> F1 <input type="checkbox"/> J1 | | 10b. TOEFL Score _____ | | |
| | | 10c. UHM ELI Placement Test _____ | | |
| 11. Current mailing address | Number and street | | Phone Number/Cellular | |
| | City State | | Zip Code | |
| 12. Permanent mailing address | Number and street | | Phone Number/Cellular | |
| | City State | | Zip Code | |
| 13. Name and address of person to contact in case of emergency (PRIMARY) | Last name First name | | Relationship | |
| | Number and street | | Phone Number/Cellular | |
| | City State | | Zip Code | |
| 14. Name and address of person to contact in case of emergency (SECONDARY) | Last name First name | | Relationship | |
| | Number and street | | Phone Number/Cellular | |
| | City State | | Zip Code | |

ACADEMIC BACKGROUND

| | | | |
|---|------------------------------------|-------------|-----------------------------|
| 15. List all schools you have attended and are attending, beginning with high school: | | | |
| <u>Name of institution</u> | <u>Dates Attended</u> | | <u>City, State</u> |
| | <u>From</u> | <u>To</u> | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| 16. Major(s) _____ | | Minor _____ | |
| 17. Cumulative Grade Point Average | 18. Credits completed | | 19. Academic advisor's name |
| | Undergraduate _____ Graduate _____ | | |

| | |
|--------------------------|------|
| Applicant's name (print) | |
| Program/Location abroad | Term |

ACADEMIC BACKGROUND (CONTINUED)

20. List any language courses that you have completed.

| Title | Credits | Grade | School |
|-------|---------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

21. List course(s) other than those in item #20, which you have taken or are taking that are related to the academic component of the program.

| Title | Credits | Grade | School |
|-------|---------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MISCELLANEOUS

22. Describe your plans for financing your participation in a study abroad program.

23. State briefly any additional information that may be useful to the selection committee in evaluating your candidacy, including any travel or residence in other countries or regions of the United States.

24. Interests and/or hobbies:

| | |
|--------------------------|------|
| Applicant's name (print) | |
| Program/Location abroad | Term |

MISCELLANEOUS (CONTINUED)

25. Activities and/or organizations:

26. How did you find out about this program? Check all items that apply.

- | | |
|---|---|
| <input type="checkbox"/> Bulletin board | <input type="checkbox"/> Professor, instructor, graduate assistant: |
| <input type="checkbox"/> Campus tabling | Which department? _____ |
| <input type="checkbox"/> Classroom presentations/announcements | <input type="checkbox"/> Program alumni |
| <input type="checkbox"/> College academic advisor | <input type="checkbox"/> Campus fair or meeting |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Study Abroad guide/reference book: |
| <input type="checkbox"/> High school counselor | Which book? _____ |
| <input type="checkbox"/> High school fair | <input type="checkbox"/> announcement by email |
| <input type="checkbox"/> Chaminade University of Honolulu website | <input type="checkbox"/> flyer by postal mail |
| <input type="checkbox"/> Study Abroad Center website | <input type="checkbox"/> Other source: _____ |

27. If you are not accepted to the program of your choice, which other program(s) would you consider? State your reasons.

28. Write a concise 500-word essay of your proposed study abroad program and how it relates to your present academic program. Discuss the classes you wish to take. Describe also the personal benefits you expect to receive from the program. Discuss how aspects of the particular program apply directly to your personal, academic and professional goals. What specific features of the program, as listed in the brochure, appeal to you? If there is anything on your transcript(s) you need to explain (poor grades, withdrawals, leaves of absence, etc.), please do so. Return this statement with your application.

I certify that the information given above is true and complete. I agree to release any and all records and transcripts held by any institution to Chaminade University, the University of Hawai'i at Mānoa Study Abroad Center, and any other parties that Chaminade University and the University of Hawai'i at Mānoa Study Abroad Center deem appropriate, as necessary for my participation in this program.

If accepted as a participant in this program, I shall be subject to certain rules and requirements of this University and of cooperating Universities in the U.S. and overseas, which I agree to fulfill in all respects, subject to immediate dismissal from the program if I do not do so, and I agree to assume financial responsibility for the program fees as indicated.

Signature

Date

| | |
|--------------------------|--------------|
| Applicant's name (print) | Phone number |
| Program/Location abroad | Term |

ACADEMIC CONFIDENTIAL REFERENCE FORM (1)

APPLICANT'S WAIVER STATEMENT: In accordance with the *Family Educational Rights and Privacy Act of 1974*, also known as the *Buckley Amendment*, the University recognizes that students enrolled in its Study Abroad Academic Programs have the right to inspect and review all materials in their files. The student may waive his or her right to review this confidential reference form by signing the following statement.

I understand my right under the provision of PL 93-980.513 to inspect letters of recommendation on my behalf. In order to encourage the referee to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future. The waiver will remain in effect until I notify the University, in writing, at which time this document will be removed from my file and returned to the referee, or until this recommendation is destroyed.

Applicant's signature

Date

| | | | | | |
|---|-----------|-------|-------|-------|----------------------------|
| 1. Basis and extent of your acquaintance with the applicant: | | | | | |
| 2. Academic attributes: | Excellent | Good | Fair | Poor | No opportunity to evaluate |
| Competence in major or specialization | _____ | _____ | _____ | _____ | _____ |
| Academic interest and motivation..... | _____ | _____ | _____ | _____ | _____ |
| Capacity for independent study | _____ | _____ | _____ | _____ | _____ |
| Resourcefulness | _____ | _____ | _____ | _____ | _____ |
| Reliability | _____ | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ | _____ |
| 3. Non-academic attributes: | Excellent | Good | Fair | Poor | No opportunity to evaluate |
| Level of maturity | _____ | _____ | _____ | _____ | _____ |
| Ability to adapt to new or unstructured circumstances | _____ | _____ | _____ | _____ | _____ |
| Self-confidence and self-esteem..... | _____ | _____ | _____ | _____ | _____ |
| Ability to relate well to others..... | _____ | _____ | _____ | _____ | _____ |
| Emotional stability..... | _____ | _____ | _____ | _____ | _____ |
| Open-mindedness | _____ | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ | _____ |
| 4. If you were a resident director of an overseas academic program, would you be EAGER, WILLING, or RELUCTANT to have the applicant participate? | | | | | |
| 5. State frankly, on the reverse side of this sheet, your opinion of this applicant's chances for success (both academic and non-academic) in a study abroad program, weighing both strengths and weaknesses. | | | | | |

| | | |
|------------------------|--------------|--|
| Referee's name (print) | Title | Department |
| Address | Phone number | Institution |
| Signature | Date | RETURN THIS FORM TO: Chaminade University Academic Advising and Retention Clarence T.C. Ching Hall 252 3140 Waialae Ave. Honolulu, HI 96816 Fax (808) 735-4675 |

DEADLINES

SPRING..... **October 5**
FALL..... **March 20**

DEADLINES

YEAR (Machida, Japan only)..... **February 20**
YEAR (all other programs)..... **March 20**

| | |
|--------------------------|--------------|
| Applicant's name (print) | Phone number |
| Program/Location abroad | Term |

ACADEMIC CONFIDENTIAL REFERENCE FORM (2)

APPLICANT'S WAIVER STATEMENT: In accordance with the *Family Educational Rights and Privacy Act of 1974*, also known as the *Buckley Amendment*, the University recognizes that students enrolled in its Study Abroad Academic Programs have the right to inspect and review all materials in their files. The student may waive his or her right to review this confidential reference form by signing the following statement.

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Applicant's signature

Date

| | | | | | |
|---|-----------|-------|-------|-------|----------------------------|
| 1. Basis and extent of your acquaintance with the applicant: | | | | | |
| 2. Academic attributes: | Excellent | Good | Fair | Poor | No opportunity to evaluate |
| Competence in major or specialization | _____ | _____ | _____ | _____ | _____ |
| Academic interest and motivation..... | _____ | _____ | _____ | _____ | _____ |
| Capacity for independent study | _____ | _____ | _____ | _____ | _____ |
| Resourcefulness | _____ | _____ | _____ | _____ | _____ |
| Reliability | _____ | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ | _____ |
| 3. Non-academic attributes: | Excellent | Good | Fair | Poor | No opportunity to evaluate |
| Level of maturity | _____ | _____ | _____ | _____ | _____ |
| Ability to adapt to new or unstructured circumstances | _____ | _____ | _____ | _____ | _____ |
| Self-confidence and self-esteem..... | _____ | _____ | _____ | _____ | _____ |
| Ability to relate well to others..... | _____ | _____ | _____ | _____ | _____ |
| Emotional stability..... | _____ | _____ | _____ | _____ | _____ |
| Open-mindedness | _____ | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ | _____ |
| 4. If you were a resident director of an overseas academic program, would you be EAGER, WILLING, or RELUCTANT to have the applicant participate? | | | | | |
| 5. State frankly, on the reverse side of this sheet, your opinion of this applicant's chances for success (both academic and non-academic) in a study abroad program, weighing both strengths and weaknesses. | | | | | |

| | | |
|------------------------|--------------|--|
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| Address | Phone number | Institution |
| Signature | Date | RETURN THIS FORM TO: Chaminade University Academic Advising and Retention Clarence T.C. Ching Hall 252 3140 Waialae Ave. Honolulu, HI 96816 Fax (808) 735-4675 |

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YEAR (all other programs)..... **March 20**

| | |
|--------------------------|--------------|
| Applicant's name (print) | Phone number |
| Program/Location abroad | Term |

ACADEMIC CONFIDENTIAL REFERENCE FORM (3)

APPLICANT'S WAIVER STATEMENT: In accordance with the *Family Educational Rights and Privacy Act of 1974*, also known as the *Buckley Amendment*, the University recognizes that students enrolled in its Study Abroad Academic Programs have the right to inspect and review all materials in their files. The student may waive his or her right to review this confidential reference form by signing the following statement.

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Applicant's signature

Date

| | | | | | |
|---|-----------|-------|-------|-------|----------------------------|
| 1. Basis and extent of your acquaintance with the applicant: | | | | | |
| 2. Academic attributes: | Excellent | Good | Fair | Poor | No opportunity to evaluate |
| Competence in major or specialization | _____ | _____ | _____ | _____ | _____ |
| Academic interest and motivation..... | _____ | _____ | _____ | _____ | _____ |
| Capacity for independent study | _____ | _____ | _____ | _____ | _____ |
| Resourcefulness | _____ | _____ | _____ | _____ | _____ |
| Reliability | _____ | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ | _____ |
| 3. Non-academic attributes: | Excellent | Good | Fair | Poor | No opportunity to evaluate |
| Level of maturity | _____ | _____ | _____ | _____ | _____ |
| Ability to adapt to new or unstructured circumstances | _____ | _____ | _____ | _____ | _____ |
| Self-confidence and self-esteem..... | _____ | _____ | _____ | _____ | _____ |
| Ability to relate well to others..... | _____ | _____ | _____ | _____ | _____ |
| Emotional stability..... | _____ | _____ | _____ | _____ | _____ |
| Open-mindedness..... | _____ | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ | _____ |
| 4. If you were a resident director of an overseas academic program, would you be EAGER, WILLING, or RELUCTANT to have the applicant participate? | | | | | |
| 5. State frankly, on the reverse side of this sheet, your opinion of this applicant's chances for success (both academic and non-academic) in a study abroad program, weighing both strengths and weaknesses. | | | | | |

| | | |
|------------------------|--------------|--|
| Referee's name (print) | Title | Department |
| Address | Phone number | Institution |
| Signature | Date | RETURN THIS FORM TO: Chaminade University Academic Advising and Retention Clarence T.C. Ching Hall 252 3140 Waialae Ave. Honolulu, HI 96816 Fax (808) 735-4675 |

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