

**School of Oriental and African Studies (SOAS)
Application Instructions
Fall, Spring or Academic Year**

Qualifications

1. Students are required to have a GPA of 3.0 or above.
2. Applications must be submitted to the Overseas Programs office by the appropriate deadline:
 - Fall or academic year – February 1st
 - Spring – May 1st

Application Materials

In order for your application to be reviewed you must submit a Washington University study abroad application (required for all students studying abroad) and application materials specific to SOAS.

Here is a list of the items you must submit for your application to be considered complete:

- A Washington University study abroad application (see below). This is also available in the Overseas Programs office in McMillan Hall, Room 138.
 - Data Sheet
 - Study Plan
 - Short Essay Questions
 - 2 references from WU faculty members - 1 should be from a member of the department to which you're applying to study
 - Academic Record
- A SOAS Application for Admission as a Study Abroad Student:
 - 3 pages (filled out in black ink)
 - Spring students please leave GPA blank
 - The Dean of Students section will be filled out by Overseas Programs, so please leave that section blank

Washington University - College of Arts and Sciences Overseas Programs
Study Abroad Application for WU Approved Programs

DATA SHEET

Please print in ink.

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

_____ 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 Passport number _____ and date of expiration ___/___/___

If not US citizen, nationality: _____ and residency/visa status: _____

Cell phone 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. Engn.

If not a WU student, name of your college or university: _____

Major(s) for which you intend to receive credit for coursework abroad: _____

Minors(s) for which you intend to receive credit: _____

Class standing (at time of study abroad): Fr So Jr Sr Just Graduated Grad

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. _____

Washington University - College of Arts and Sciences Overseas Programs
Study Abroad Application for WU Approved Programs

STUDY PLAN

This form should be filled out in consultation with the Study Abroad Advisor(s) (SAA) in the department(s) in which you wish to receive study abroad credit. For a list of SAAs, please refer to <http://www.artsci.wustl.edu/~overseas/advisors/saadirectory.html>

Student: Last name: _____ First Name: _____ Middle Initial: _____

Period of intended study abroad: Year(s): _____ ___ Fall ___ Spring ___ Academic Year

_____ Country

_____ Foreign Institution or Program Name

_____ Primary Subject to be Studied Abroad

I acknowledge that the advisor's signature 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.

Student's Signature: _____

Departmental/College/School SAA:

Please review the following with the student before completing the chart below:

- Available course titles and descriptions to identify appropriate courses or subjects for satisfying major/minor, distribution and elective requirements within the student's degree plan.
- Portfolio requirements where applicable and policies for earning academic credit:
 - o up to 3 credits per semester may count for unclustered NS/LA/TH/SS distribution
 - o a C- or better is required depending on the department
 - o it is NOT possible to receive WI/QA/SD/CD credit for courses taken abroad

To be completed by the SAA

Courses or subjects for which student wishes to receive major or minor credit.	WU course number	# of WU credits	SAA initials Preliminary approval for coursework
1.			
2.			
3.			
4.			
5.			

Brief description of portfolio required by the department: (Minimum is copies of course descriptions, reading lists, papers)

Courses or subjects proposed for other WU degree requirements	Distribution Credit: NS/LA/SS/TH only 1 course/semester Leave blank if distribution credit is not needed
1.	1.
2.	2. (AY students only)
3.	N/A

Amount of credit likely to count towards major or minor:

_____ units _____ major/minor subject _____ units _____ major/minor subject

Approved by: _____

Relevant Dept. SAA Signature	Printed Last Name	Department	Date
_____	_____	_____	_____
Secondary SAA Signature	Printed Last Name	Department	Date
_____	_____	_____	_____

SHORT ESSAY QUESTIONS

Please answer on a separate sheet of paper. Your typed response should be 2 pages total, double-spaced with 1 inch margins using 12pt. font. Make sure to include your name, ID and the program you will participate in.

If your program-specific application requires an essay, you only need to write 1 essay. If your program-specific application does not require an essay, please address the points below.

I. Academic goals:

- Describe how the program to which you are applying fits with your academic background and future goals.
- Describe your academic goals for your time abroad and how you plan to achieve them.
- Describe how your proposed course of study abroad complements your WU academic endeavors and your plans for completing your degree (list courses, distribution you will still need, language, etc.)
- What is your academic preparation for this experience?
- What academic differences do you anticipate abroad?

II. Personal goals:

- Describe your personal goals for your time abroad and how you plan to achieve them.
- Have you lived or traveled outside the U.S. before? If so, where and for how long?
- Study abroad requires you to tolerate ambiguity, show respect for differing opinions and values, and demonstrate independence. Please describe specific experiences that show your skills in each of these areas.
- Describe an important cross-cultural experience you have had and its impact on your preparation to study abroad.

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: ___Jan 8 ___Feb 1 ___Feb 15 ___Apr 1 ___May 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

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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

Application for Admission as a Study Abroad Student

The completed application should be returned to:
Study Abroad, Student Recruitment Office
SOAS, The University of London
Thornhaugh Street, Russell Square
London, WC1H 0XG
United Kingdom



Instructions

It is important to read the instructions at the end of this form before attempting to complete this application. This form will be photocopied; please use black ink if it is not typed. Please check each box that applies to you.

1. Personal Details

Surname/Family name: _____

Other names: _____

(Please give your name as it appears on your passport)

Title Mr Ms Mrs Miss

Gender M F

Birthplace _____

Date of birth _____

Marital status Single Married

Permanent address (if different from correspondence address) _____

Tel no. _____

Email address _____

Address for correspondence _____

Tel no. _____

Legal nationality _____

Country of permanent residence _____

Emergency contact _____

Emergency contact address _____

Emergency contact tel no _____

Passport No. (for visa letter) _____

2. Proposed Course of Study

Which programme are you applying for?

Term 1 only (September start)

Term 2&3 only (January start)

Full year (September-June)

Proposed year of entry _____

List your five preferred courses. (Please indicate course reference no)

	Title	Course Reference No
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

List 5 further courses in which you are interested and which would serve as acceptable alternatives in the event of timetable conflicts, course cancellations or demand limitations.

	Title	Course Reference No
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Confirm either:

1. That your permission to attend is not based on a requirement to take any specific course(s)

2. That your permission to attend is conditional upon your enrolling in:

3. Academic Details

Name of College or University attending _____

Address _____

Major field of study _____

Minor field of study _____

Year of expected graduation _____

What is your present GPA? _____

What is your GPA in your main area of study? _____

List the courses you are taking this semester:

1 _____

2 _____

3 _____

4 _____

5 _____

4. Finance

Who will be paying your fees?

Yourself

Home University/College

Parents

Other

If other, please give details, including when these funds will be available: _____

To whom should your fees invoice be sent?

Name _____

Address _____

Please note that SOAS is recognised by DoE for federal student aid purposes and our code is 006694

5. Medical Details

If you are coming to the School for less than a full academic year, you will NOT be covered by the National Health Service and you should ensure that you are covered by private health insurance; in any case you may prefer to take out cover as an extra protection. Please outline any condition that may require medical treatment in the UK.

6. Declaration

I confirm that the statements I have made on this form are complete. I understand that any misrepresentation may result in my expulsion from the programme.

Signature _____

Date _____

7. Transcript and Confidential References

Instructions:

1. Check that you have completed the preliminary course selection
2. Approach a tutor for a reference
3. Complete part (A) overleaf
4. Give this form to your Dean of Students or Academic Dean (refer to instructions if unsure).
5. Send the completed form and necessary attachments, references and transcript(s) directly to:

Study Abroad

Student Recruitment Office

SOAS, The University of London

Thornhaugh Street, Russell Square

London, WC1H 0XG

United Kingdom

Part A to be completed by student

First names _____

Surname _____

Address _____

Tel no (including area code) _____

Give the name of the person whom you have asked to supply academic references on your behalf

Name of Professor _____

Department _____

Name of University/ College _____

Part B to be completed by your Dean of students or Academic Dean

Is the student a full time undergraduate in good standing at your institution?

Yes No

If not please explain

Has the student ever been on academic probation?

Yes No

If yes please explain

To your knowledge, has the student been involved in any disciplinary action while attending your institution?

Yes No

Do you believe this student would benefit from a period of study abroad?

Yes No

Please state your reasons

Signature of Dean of Students or Academic Dean

Name of University/ College _____

Address _____

Fax no _____

Date _____