

**Washington University - College of Arts and Sciences**  
**Data Sheet for Applicant to WU Sponsored or Approved Study Abroad Program**

**Choice of Program:**

Period of intended study abroad:     **Summer**     Fall     Spring     Academic Year    Year(s):   2008  

Program(s) you are applying to in priority order (see instruction sheet):

Country	Foreign Institution or Program Name	Primary Subject to be Studied Abroad
<u>  England  </u>	<u>  Shakespeare's Globe  </u>	<u>  Performing Arts  </u>

**Personal Data:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  Female  Male

WU Student ID (or SSN): \_\_\_\_\_ Birth date (mo/day/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ US citizen?  Yes  No

Place of birth (US city, state or foreign city, country): \_\_\_\_\_

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

Campus telephone number: \_\_\_\_\_ and e-mail address: \_\_\_\_\_

Campus mailing address: \_\_\_\_\_

Permanent (home) address: \_\_\_\_\_

**Parents:**

Mother

Father

Name: \_\_\_\_\_

Complete Address:     same as permanent address     same as permanent address     same as mother

(list both if different)

Telephone:    home: \_\_\_\_\_    home: \_\_\_\_\_  
                  work: \_\_\_\_\_    work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Educational Information:**

College or school where enrolled in at WU:     A&S     Arch.     Art     Bus.     Engn.     Other \_\_\_\_\_

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

Your major(s): \_\_\_\_\_ Name of academic advisor(s): \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Major GPA \_\_\_\_\_ Class standing:     Fr     So     Jr     Sr     other

Do you already have financial aid that you want to use to study abroad on a WU program?     Yes     No

**References:**

Name

Title or Position

E-mail or Mail Address

1. \_\_\_\_\_

2. \_\_\_\_\_

**Attachments:**

a. Photocopy of your passport identity/validity page

b. Two passport size photographs

Washington University - College of Arts and Sciences

Parent/Guardian's Consent Form for WU Sponsored Study Abroad Programs

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Period of intended study abroad:  **Summer**  Fall  Spring  Academic Year Year(s): 2008  
Program(s) student is applying to:  
Country Foreign Institution or Program Name Primary Subject to be Studied Abroad  
England Shakespeare's Globe Performing Arts

The cost of the Shakespeare's Globe Summer Program (\$5,000 in 2008) includes tuition for six units of Washington University academic credit (recorded on a Washington University transcript); all classes, workshops, and master classes; accommodations with breakfast & theatre tickets to seven productions; an excursion to Stratford upon Avon; and administrative expenses. Other meals, personal expenses, and airfare are not included.

There is no application fee. Participants will receive a contract upon admission to the program, which will explain payment policies and procedures. A payment schedule and refund policy will be included with the contract.

**Parent/Guardian's Statement of Consent and Financial Responsibility**

The above named student has my permission to participate in the 2008 Shakespeare's Globe Summer Program. I agree to 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 Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone Number

Please sign this form and send it to:

Washington University  
Globe Theatre Program  
Performing Arts Department  
Campus Box 1108  
One Brookings Drive  
St. Louis, MO 63130

Alternatively, you may fax it to 314-935-4955. Inquiries: 314-935-5858.

Washington University - College of Arts and Sciences

Study Abroad Recommendation Form

To be completed by applicant:

Printed Name of Reference Person: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Date this form was sent or given to reference person: \_\_\_\_\_ Due date: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_ and campus tel. number: \_\_\_\_\_

Period of intended study abroad:  Summer  Fall  Spring  Academic Year Year(s): 2008

Program(s) student is applying to (in priority order):

Country	Foreign Institution or Program Name	Primary subject to be studied abroad
<u>England</u>	<u>Shakespeare's Globe</u>	<u>Performing Arts</u>

Statement: I hereby request a confidential letter of reference in support of my application(s) for study abroad. Check one:  
 I waive the right to view this letter now or in the future.  I do not waive the right to view this letter now or in the future.

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

\* Both of the required letters of recommendation should come from faculty members who are familiar with your academic work. Be sure to discuss your study abroad goals and expectations with your reference person before asking him or her to write a letter of recommendation. You should follow up with your reference person two weeks later to verify the letter has been sent.

To the Faculty Member or Other Appropriate Person:

1. Please respond within two weeks of receiving this form if possible.
2. Please evaluate this student with respect to:
  - a. Academic ability and preparation for participation in the study abroad program(s) listed above.
  - b. Personal suitability for participation in a WU sponsored or approved study abroad program. Please be specific with respect to the applicant's maturity, self-discipline, adaptability, and initiative.
3. Please prepare your letter of recommendation "to whom it may concern" on letterhead stationery if possible.
4. For the Shakespeare's Globe Program only: Please send this form and the signed and dated letter to:

Washington University  
Globe Theatre Program  
Performing Arts Department  
Campus Box 1108  
One Brookings Drive  
St. Louis, MO 63130

Office contact information: Phone: 314-935-5858 Fax: 314-935-4955 E-mail: [pad@artsci.wustl.edu](mailto:pad@artsci.wustl.edu)

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**Washington University - College of Arts and Sciences**  
**Statement of Personal Responsibility and Assumption of Risk for**  
**Participation in a Washington University Sponsored or Approved Study Abroad Program**

**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 all 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 for the duration of the program. 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. The International Student Identity Card, if acquired, includes basic accident and sickness coverage plus medical evacuation and repatriation of remains. Additional coverage is strongly recommended. All WU fall and spring semester programs include 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. Students who are enrolled at WU during a spring semester are covered during the summer too. 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.

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Signature of Applicant

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Date

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Printed Name of Applicant

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WU Student ID (or SSN)