I. Application deadlines:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester and Academic Year</td>
<td>February 15th</td>
</tr>
<tr>
<td>Summer</td>
<td>February 15th</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>September 15th</td>
</tr>
</tbody>
</table>

Applications will be evaluated on the basis of a student’s academic transcript, quality and depth of the personal essay, faculty recommendations, and language evaluation (if applicable). In addition, students must be in good disciplinary standing with the university, and must be currently enrolled in courses at MSU in order to be considered. A personal interview may be required. Admission to study abroad is not guaranteed; MSU has sole discretion to permit or deny students’ participation in a study abroad program.

Application Process: First, you must submit a general study abroad application to Minot State University’s Office of International Programs to determine whether you meet minimum admission requirements. If admitted, you will receive notification of your acceptance and will then be invited to submit a program specific application directly to the program provider.

II. Application Materials (The following must be submitted to Minot State University’s Office of International Programs.)

- $50 Enrollment Deposit: This deposit is applied towards your program fees and tuition. It should be made payable to Minot State University via check or money order. MSU also accepts payment by Visa or MasterCard. If you are not fully accepted into the program, all payments will be refunded. If you withdraw after your application is submitted, there is no refund.

- MSU Application Form: Please type or print clearly using black or blue ink. Be certain to sign and date the application before submitting it to us.

- Two Recommendation Forms: Give one to your academic advisor and the other to a faculty member who is familiar with your performance in the classroom. Please ask the faculty members to return the recommendation form to you in a sealed envelope so that you can submit it to MSU along with all other application documents. If your study abroad program requires recommendations or references on their own, specific forms, you may use these in place of the two MSU Recommendation Forms included in this packet.

- Personal Essay/Statement of Purpose: A one-page (minimum) essay addressing why you want to study abroad on your chosen program, why you are a good candidate, and how this experience will contribute to meeting your overall academic and career goals. If you are already required to write a similar essay in application for your program of choice, you can use the same essay when applying to MSU.

- Official Transcript from MSU: Transcripts may be obtained at the Registrar's Office or through Campus Connection. In addition, transfer students must also provide a copy (official or unofficial – your program’s application may require all transcripts to be official) of transcripts from all schools previously attended. Most study abroad programs require a minimum cumulative GPA of 2.5 or higher, and sophomore status (at least 24 credits completed).

- Photocopy of Passport: If you do not yet have a passport, please write “in progress” in the appropriate spot on the application form and apply for your passport immediately. Submit a photocopy of your passport to the Office of International Programs once you have it in hand. For information on how to apply for a passport visit: www.travel.state.gov.

Return all of the materials listed above in one packet to:

study abroad – office of international programs
minot state university
500 university avenue west
minot, nd 58707

Next steps: Once you have received official notification from the MSU Office of International Programs indicating that you have been accepted to study abroad through MSU, you will then be invited to submit a program specific application to your program provider (Global Links, ISA, or Semester at Sea®) or to a partnership university (Aalborg University, Kristianstad University, Harstad University College or Telemark University College). Each program has a separate online application process that might require recommendation/referral letters or forms, an application fee, an essay, a passport sized photo, transcript(s), etc.
General Study Abroad
Office of International Programs

Application Form

All sections of this application must be fully completed before your application will be considered for acceptance into a Minot State University Study Abroad program. Missing information will delay your acceptance. Please type neatly or print using black or blue ink.

Program type: ☐ Academic Year ☐ Semester ☐ Short Term/Summer ☐ If semester: ☐ Fall ☐ Spring

Year: __________ Country desired: __________________________________________________________

Program Title: ________________________________________________________________________

I. Personal Information

Last Name(s): ____________________________ First Name(s): ____________________________
(Exactly as shown on passport)

Student ID# ____________________________ Gender: ☐ F ☐ M Age: __________

Academic status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Continuing Ed.

Major: ____________________________ GPA (cum): ________ Expected graduation date: __________

Current Address: _____________________________________________________________________

City: ___________________ State: ______________ Zip Code: ______________

Permanent Address: __________________________________________________________________

City: ______________________________ State: ______________ Zip Code: ______________

Email address: ____________________________ Cell Phone: __________________________
(Whichever you check most often)

Home Telephone: ____________________________ Birth Date: __________/_______/_________

Month Day Year

Country of Birth: ____________________________ Citizenship: ____________________________

Passport #: ____________________________ Expiration Date: ____________________________

If you do not yet have a passport, you must apply for one immediately!

Important! You are responsible for notifying the Office of International Programs in writing within 10 days of any change in address, phone or e-mail.

Financial Information

Do you receive Financial Aid? ☐ Yes ☐ No

Do you receive any scholarships? ☐ Yes ☐ No If yes, please list: __________________________________

Do you plan to apply for Financial Aid, loans or scholarships for your study abroad program? ☐ Yes ☐ No

Are you receiving a scholarship that has a minimum enrollment requirement greater than 12 credits for a given semester? ☐ Yes ☐ No

Important! Be advised that you are responsible to report to MSU’s Financial Aid Office any scholarships or grants you receive from external sources, including those from your program provider.
II. Consent to Release Information

All employees of Minot State University are required to abide by the policies governing review and release of student educational records. The Family Educational Rights and Privacy Act (FERPA) of 1974 mandates that information contained in a student’s educational records must be kept confidential unless consent is otherwise given. Additional FERPA information is available in the 2006-2008 Undergraduate Catalog on pages 24-25.

If you wish for the Office of International Programs to be able to discuss any of the topics listed below with your parents/guardians or other designated individuals, you must provide permission for us to do so in writing.

I give my consent to the Office of International Programs at Minot State University to release the following personally identifiable information from my education record to the persons listed below, for the purpose of keeping these persons advised of my financial, health and academic affairs while I am abroad. (Check all that apply):

- Student Account information
- Financial Aid information
- Health information (in the event of a serious mental or physical health condition or emergency)
- Information pertaining to registration for the semester I return to MSU
- Disciplinary information
- Study Abroad program information

Name of individuals to whom such information may be released (REQUIRED & Please Print)

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>D.O.B.</th>
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</table>

By signing below, I also give my consent to the Office of Student Affairs at Minot State University to release my disciplinary records to the Office of International Programs for the purpose of determining my eligibility for Study Abroad. I understand that this information will not be released to the host institution without my written consent.

This consent will remain in effect for three years from the date of signature unless I provide the Office of International Programs with a written revocation of this consent.

Signature ___________________________ Student ID # ___________ Date ___________

Please see a study abroad advisor if you need further explanation of this information.

From time to time, the Office of International Programs will use names and photos of study abroad participants in newspaper and magazine articles, brochures, bulletin boards and posters, and on its web site. Also, students planning to study abroad sometimes ask to speak to former participants about their experiences. Please check the box to indicate whether or not you agree to the following statements.

1) ☐ I agree ☐ I do not agree to allow my name and photos to be used for the above purposes.

2) ☐ I agree ☐ I do not agree to allow my name and email address to be sent to future study abroad participants.

Signature ___________________________ Date ___________________________
III. Health Information

Last Name(s): __________________________________ First Name(s): __________________________________
(Exactly as shown on passport)
Student ID#: __________________________________ Gender: □ F □ M Age: __________
Year: __________ Country desired: ________________________________

Program Title: ________________________________________________

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) MSU is required to keep
maintain the privacy of your protected health information. Your medical information will be kept confidential. Providing the following information will help us determine any special needs or arrangements that should be made in advance and assist us in advising you about possible situations you may encounter abroad. Do not assume your host country will automatically be able to provide you with the same care you receive at home without advance notice.

1) Rate your overall health: □ Excellent □ Good □ Fair □ Poor

2) Have you ever had any of the following? If yes, give dates of illness and detailed information in the space provided below.

<table>
<thead>
<tr>
<th>Disease</th>
<th>YES</th>
<th>NO</th>
<th>DATE</th>
<th>Disease</th>
<th>YES</th>
<th>NO</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td>Asthma</td>
<td></td>
<td></td>
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<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td>Appendicitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
<td></td>
<td></td>
<td>Cough (persistent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
<td></td>
<td>Diabetes Mellitus</td>
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<td></td>
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<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td>Enuresis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
<td></td>
<td></td>
<td>Headache (persistent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
<td>Hernia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td></td>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure Disorder</td>
<td></td>
<td></td>
<td></td>
<td>Vertigo, Dizziness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleepwalking</td>
<td></td>
<td></td>
<td></td>
<td>Dyslexia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td>Anorexia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td></td>
<td></td>
<td></td>
<td>Bulimia</td>
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</tbody>
</table>

If answered Yes to any of the above, please provide details and current status. Attach an additional sheet if needed:

3) Have you experienced disease, impairment or abnormality of any of the following?

<table>
<thead>
<tr>
<th>System</th>
<th>YES</th>
<th>NO</th>
<th>DATE</th>
<th>System</th>
<th>YES</th>
<th>NO</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Organs</td>
<td></td>
<td></td>
<td></td>
<td>Genito-Urinary System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bones, Joints</td>
<td></td>
<td></td>
<td></td>
<td>Heart or Blood Vessels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood, Endocrine</td>
<td></td>
<td></td>
<td></td>
<td>Lungs, Respiratory Sys.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain, Nervous Sys.</td>
<td></td>
<td></td>
<td></td>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears or Hearing</td>
<td></td>
<td></td>
<td></td>
<td>Tonsils, Nose or Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes or Vision</td>
<td></td>
<td></td>
<td></td>
<td>Varicose Veins</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Additional Comments: ______________________________________________________

4) Do you have any special dietary needs (vegetarian, low sodium, etc.)?
□ Yes   □ No   If yes, please describe below:

5) Do you have allergies (food, medication, plants, animals, insect stings, etc) of which we should be aware?
□ Yes   □ No   If yes, please describe below:
6) Are you presently under treatment for any psychological or emotional matters?
☐ Yes  ☐ No  If yes, please describe below:

7) Are you presently taking any prescription drugs on a regular basis?
☐ Yes  ☐ No  If yes, please describe below. Attach a separate sheet if additional room is needed.

8) Facilities in other countries may not meet American standards of accessibility for persons with disabilities. Please describe any accommodations you may need to perform the essential functions of this study tour.

Health Considerations *(Please Read and Initial Acknowledgement)*
Study and travel abroad involves significant adjustment to a new culture, school, and community, which often causes physical and emotional stress. If you have a physical or psychological condition for which you are currently receiving treatment, or have received in the past, the demands of this program might exacerbate those conditions, even though they may be under control at home. It is important that you discuss your possible participation in a study abroad program with your physician or counselor, including how off campus study could affect your medical condition. Addressing your health issues prior to studying abroad will also help you to identify those resources that will and will not be available at your program site.

Initials: __________

Emergency Contacts
The following information is intended to be of assistance to the Office of International Programs should an emergency situation occur during your program.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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</tbody>
</table>

Medical Release Consent
I hereby authorize Minot State University, its representatives, and the host institution, and its representatives, to seek medical attention on my behalf in the event of sickness, accident, or other emergency during the study abroad program. I also authorize any physician to release any information acquired in the course of examination or treatment. I certify that the above information regarding my medical history is correct. This authorization shall be valid for the entire duration of the Minot State University study abroad program.

Signature  Date

IV. Student Conduct Release
I understand that in the interest of health, safety, security and the educational interests of Minot State University students, information regarding violations of the student code of conduct/ and or residence hall policies will be forwarded to:

1) The program coordinator/director for International Programs
2) The host University/College
3) Program advisors regarding participating students when determining eligibility for a program

I have read and understand the above conditions.

Signature  Date
Please read the following sections carefully as they affect any rights you may have if you are injured or otherwise suffer damages on a Minot State University study abroad program.

Minot State University its agents, affiliates, officers, directors, staff, regional and local representatives (collectively “MSU”) and the undersigned student and participants, understand and agree to the terms and conditions stated in the below Agreement relating to the participation in MSU’s study abroad program (“Program”). Students and other participants are referred to collectively as the Participants (“Participants”).

A. Code of Conduct: I understand and agree that, as a participant in a Minot State University study abroad program, I am subject to the student conduct regulations described in the Student Handbook (available from the Director of Student Life and Housing, Dakota Hall, Lower Level, and on the internet at http://www.minotstateu.edu/student_handbook.pdf). I further understand that, if I am attending a foreign university as part of a Minot State University study abroad program, I am also subject to the conduct regulations of the host institution. Furthermore, I understand that as a Minot State University program participant, I will be viewed as a representative of my country and my university. It is my intention to act as a good-will ambassador and conduct myself in a fitting manner.

B. Laws of the Land: I understand that as U.S. citizen in a foreign country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with the regulations of my host country and the United States of America. If I should fall into legal problems with any foreign nationals or government jurisdictions of the host country, I will attend to the matter personally with my own personal funds. It is further understood that MSU may be limited in its ability to provide assistance in the event of arrest and may also institute disciplinary proceedings.

C. Program Activities: I agree to participate fully in all portions of the program and agree that any deviation I will make from the program design must be approved in advance in writing by the program director.

D. Academic Standards: I acknowledge and understand that I am responsible for maintaining an adequate standard of academic work while abroad.

E. Disciplinary Procedures/Program Dismissal: I acknowledge that MSU has sole discretion to terminate my participation in the program if: (i) I engage in actions endangering to myself or others; or (ii) my conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. I further agree, if expelled from the program, to be responsible for all expenses incurred in returning to the United States.

F. Financial Obligations: I am aware of the nature and the cost of the program and will guarantee that all financial obligations will be met.

G. Independent Travel: I agree to notify the program director if I am planning individual travel during the program. Where possible, I will provide the director with details of the proposed trip including plane, bus, and train schedules.

H. Modification/Cancellation: I understand that MSU reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. MSU also reserves the right to make changes to the program or alterations in the program’s proposed schedule and itinerary. I further understand that should the program, or any portion of the program, be cancelled, MSU shall have no responsibility beyond the refund of all deposits made and monies paid to MSU by participants. Minor alterations in the programs will not result in refunds. I agree that neither MSU, the State of North Dakota nor the employees or agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of program modifications or cancellation.

I. End of Program: I understand that any responsibility that MSU has for participants on a MSU study abroad program terminates once the program is finished.

J. Dissimilarities or Differences in the Host Country: I understand that in addition to learning the language of the host country, participants are expected to make every effort to adapt to the culture and lifestyle of the host country. There may be significant cultural, economic, and lifestyle differences between the participants home country and host
country including those in health care services, living conditions, transportation systems, educational systems, criminal justice, civil liberties, customs, values and acceptable behavior with regards to age and gender. I realize that participants on a MSU study abroad program must be aware of and accept these differences as part of the program, and accept the risks associated with traveling and living in another country. I understand and agree that participants must take responsibility to educate and prepare themselves for the inherent risks associated with foreign travel and living abroad.

In addition, I understand that participants on a MSU study abroad program must be willing to learn about their host cultures and be open to new ideas even though they may be culturally challenging. I am aware that it is both inappropriate and culturally insensitive to use this time to promote religious or political agendas; further, such behavior can cause offense and potentially place me in harm’s way. I understand that, while the United States respects the right of freedom of expression, this is not a universal right and may not be protected by law in some countries. Consequently, I will demonstrate a respect for the host culture even though I may not agree with all aspects of that culture, and I understand that behavior that is inconsistent with this statement may lead to my removal from the program.

K. Insurance: I agree to familiarize myself with the coverage, exclusions and limitations of my travel insurance policy before the start of the study abroad program to determine what activities are excluded from coverage. I understand that policies may not cover pre-existing conditions, injuries resulting from driving motorized vehicles, certain categories of sports injuries, injuries resulting from the commission of a crime, self-inflicted injuries, or injuries sustained from participation in high-risk (extreme) sports.

L. Waiver of Liability and Hold Harmless Agreement: As a condition of my participation in a Minot State University study abroad program, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the program and do hereby RELEASE AND FOREVER DISCHARGE the State of North Dakota, State Board of Higher Education, Minot State University, and all their officers, faculty, or employees, any cooperating institution and agents (hereby referred to as “Releasees”) whether accompanying said program or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or on account of my death which may occur from any cause during the said study program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodies or persons on account of any and all such claims, demands, actions or causes of action.

I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney’s fees, that they may incur that arises out of my participation in the Minot State University study abroad program including, but not limited to: (i) any incident beyond the Releasees’ reasonable control, including, without limitation, force majeure, crimes of violence, acts of terrorism, natural disasters, acts of war, or government actions and restrictions; (ii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care, sanitation, transportation, crime, justice, legal systems, customs, and values; (iii) any differences in the living conditions and standards between my home and home country and the host country.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

M. Arbitration and Venue: I agree that, should there be any dispute concerning my participation in the program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and determined by the laws of, the State of North Dakota.

N. Severability: I concur that in the event any clause, sentence, term or provision of this Agreement shall be held by any court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

O. Signature: This agreement represents my complete understanding with Minot State University concerning MSU’s responsibility and liability for my participation in the Program, supersedes all previous or contemporaneous understanding I may have had with MSU on this subject, whether written or oral, and cannot be changed or amended in any way without my written consent.

_________________________  __________________________
Student’s Signature          Date
I. TO BE COMPLETED BY STUDENT
Please note that the recommendation form must be completed by your academic advisor or another faculty member who can speak to your academic performance. **Please type or print legibly in ink.**

Student Name ____________________________________________

First          M.I.          Last

Student ID#: _________________________   MSU e-mail: _________________________

Program/Country ___________________________ Term abroad _______________________

II. FERPA

**Student Waiver Statement:** In accordance with the “Family Education Rights and Privacy Act of 1974”, Minot State University recognizes that students enrolled in its Study Abroad Programs have the right to inspect and review all materials in their files, unless they sign the following statement:

*I understand my right under the provisions of PL 39-380.513 to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under the aforesaid stature and affirm that I shall not do so in the future. This waiver will remain in effect until I notify, in writing, the Office of International Programs, at which time this document will be removed from my file and returned to the author, or until the OIP destroys this recommendation.*

____________________________________
Signature of applicant                             Date

III. INSTRUCTIONS TO FACULTY:
The above student has applied for admission into the study abroad program indicated. Such study places unusual demands on the student, requiring a greater degree of adaptability and of self-reliance than is usually the case on campus. If the student has signed the release above, your comments will not be made available to the student.

Please comment on this applicant’s academic and personal qualifications for successful completion of a study abroad program, answering as many questions as possible. No single negative statement will serve as the sole basis for rejection. **Please note that the student's application cannot be reviewed until all recommendations are received.** Thank you for assisting in this evaluation.

1) How long have you known the student and in what context?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
2) Please evaluate the applicant according to the following criteria:

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Unable to Assess</th>
</tr>
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<tbody>
<tr>
<td>Intellectual curiosity</td>
<td></td>
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<tr>
<td>Academic Motivation</td>
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<tr>
<td>Written and Oral Communication</td>
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<tr>
<td>Responsibility</td>
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<tr>
<td>Maturity</td>
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<tr>
<td>Level of Independence</td>
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<tr>
<td>Adaptability / Flexibility</td>
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<tr>
<td>Sensitivity to Others</td>
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<td></td>
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<tr>
<td>Honesty</td>
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<tr>
<td>Ability to Get Along with Others</td>
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</table>

3) Attach a letter written on your department’s letterhead that addresses the following:

Based on your knowledge of the applicant, give us your opinion of the student’s ability to adapt to a foreign living environment. Keep in mind that studying and living abroad places new and different demands on students. Please express any reservations you have in advising this student to study abroad where adaptability, tolerance, self-reliance, persistence, sensitivity, emotional maturity, and academic ability will be very important.
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Please indicate your opinion of the applicant's present language ability in each of the following categories.

<table>
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<tr>
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<th>Listening Ability:</th>
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What is your opinion of the student’s ability to use this language in their host country?

- [ ] Should have no difficulty
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- [ ] Would require considerable training before necessary competence is obtained

5) Please check the statement that you think most accurately reflects your opinion as to this student’s suitability for the program:

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Signature: ___________________________  Date: ______________

Print Name: _______________________________________________________

Title: ____________________________  Institution: ____________________________

Address: _____________________________________________________________

Phone: ___________________  Fax: ____________  E-mail: _______________________

PLEASE RETURN TO THE STUDENT IN A SEALED ENVELOPE

Thank you!
I. TO BE COMPLETED BY STUDENT

Please note that the recommendation form must be completed by your academic advisor or another faculty member who can speak to your academic performance. Please type or print legibly in ink.

Student Name ____________________________________________________________
First                        M.I.                        Last

Student ID#: _________________________   MSU e-mail: __________________________

Program/Country ____________________________ Term abroad ____________________

II. FERPA

Student Waiver Statement: In accordance with the “Family Education Rights and Privacy Act of 1974”, Minot State University recognizes that students enrolled in its Study Abroad Programs have the right to inspect and review all materials in their files, unless they sign the following statement:

I understand my right under the provisions of PL 39-380.513 to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me 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. This waiver will remain in effect until I notify, in writing, the Office of International Programs, at which time this document will be removed from my file and returned to the author, or until the OIP destroy this recommendation.

____________________________________
Signature of applicant                             Date

III. INSTRUCTIONS TO FACULTY:

The above student has applied for admission into the study abroad program indicated. Such study places unusual demands on the student, requiring a greater degree of adaptability and of self-reliance than is usually the case on campus. If the student has signed the release above, your comments will not be made available to the student.

Please comment on this applicant’s academic and personal qualifications for successful completion of a study abroad program, answering as many questions as possible. No single negative statement will serve as the sole basis for rejection. Please note that the student’s application cannot be reviewed until all recommendations are received. Thank you for assisting in this evaluation.

1) How long have you known the student and in what context?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

__________________________________________
2) Please evaluate the applicant according to the following criteria:

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Unable to Assess</th>
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<tr>
<td>Intellectual curiosity</td>
<td></td>
<td></td>
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<td>Academic Motivation</td>
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<td>Written and Oral Communication</td>
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<td>Adaptability / Flexibility</td>
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<td>Sensitivity to Others</td>
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<td>Honesty</td>
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Signature: ______________________________________ Date: ____________________

Print Name: ___________________________________________________________________

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Address: _________________________________________________________________________

Phone: __________________________ Fax: __________________________ E-mail: ______________

**PLEASE RETURN TO THE STUDENT IN A SEALED ENVELOPE**

*Thank you!*