

Wartburg College

Study Abroad Programs

# May Term Application Form

*Return this form*

*to the May Term Course Professor*

Official Registration in a May Term class going abroad is not final until this application and faculty recommendation have been completed and processed. **Application Deadline:** End of Winter Term one year prior to May Term trip. Some trips may still accept applications after that deadline as space allows.

Name		May Term Program			
Student ID #	Citizenship	Term/Year of Immersion			
Wartburg Box	Wartburg Phone	Faculty Advisor	GPA		
E-Mail	Class Standing 1Y 2Y 3Y 4Y	Major/Minor			
Graduation Date (mo/year)					
Permanent Address– Street		City	State	Zip	Phone
Date of birth	Male ( ) Female ( )	May Wartburg College release your name and address to potential participants? ( ) Y ( ) N			

Emergency Contact		Relationship		Home Phone	
Street		City	State	Zip	Work Phone
Are you on academic or disciplinary probation at Wartburg? ( ) Y ( ) N		If yes, Please Explain:			

Previous experiences abroad

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# May Term Application Form

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Other Cross Cultural Experiences:

Date:

Language Skills:

Be Specific about why you are interested in this May Term Course

**In consideration for my participation in the program, I agree as follows:**

1. I have completed the necessary prerequisites to enroll in this program.
2. Wartburg College requires that the applicants and participants for May Term Abroad are in good academic and disciplinary standing. I authorize the staff of the Study Abroad program to access my academic, disciplinary and health records.
3. I certify that all statements made on this study abroad application in its entirety are true and accurate.
4. I will complete all of the necessary requirements of this program, including pre-departure orientation sessions.
5. I give my permission for any pictures from the trip to be used in Wartburg College promotions.

Applicant Signature

Date

Name of Faculty Reference

# Out of Country May Term Course Faculty Reference Form

*Please return this form to the May Term Course Professor*

Name of applicant: \_\_\_\_\_

Proposed May Term Trip: \_\_\_\_\_

\_\_\_\_ “Closed” I waive my right to inspect/read this letter of recommendation upon its completion.

\_\_\_\_ “Open” I retain my right to inspect/read this letter of recommendation upon its completion.

How long have you know the student and in what capacity?

Please rate the student on each of the following: **1-5 with**  
**1= Poor , and 5= Outstanding. NB= No Basis for Evaluation**

Academic commitment: 1 2 3 4 5 NB

Maturity: 1 2 3 4 5 NB

Responsibility: 1 2 3 4 5 NB

Honesty: 1 2 3 4 5 NB

Adaptability: 1 2 3 4 5 NB

Cooperation with others: 1 2 3 4 5 NB

Cross cultural skills: 1 2 3 4 5 NB

Overall evaluation:

\_\_\_\_\_ This student has my strong recommendation for the program.

\_\_\_\_\_ I cannot recommend this student for the program.

\_\_\_\_\_ I have minor reservations, but am willing to recommend the student with the following reservations:

Other comments:

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Faculty signature

Date