



WICHITA STATE UNIVERSITY

Study Abroad Application for Business Students

INSTRUCTIONS: In order to apply for a Study Abroad Program, students must complete the following items.

- 1) Student must be currently enrolled in a full-time course of study at Wichita State University.
- 2) Undergraduate students must have completed a minimum of 30 credit hours by the time of departure. Graduate students must have completed a minimum of 12 graduate credit hours by the time of departure.
- 3) Student must apply for a study abroad program approved by the W. Frank Barton School of Business.
- 4) Provide reference letter forms from two references, one of which must be from one of your WWSU instructors. Family members and personal friends are not acceptable reference sources. Please have your references fill out the reference letter form and return them directly to the W. Frank Barton School of Business (Campus Box 48). Reference Letter forms will only be used to evaluate your qualifications for study on the program specified on this application and will not be available to any other institution, organization, or private party.
- 5) Submit a statement explaining your reasons for wanting to study abroad as well as the relationship of the study abroad program to your course of study. Document should not exceed one typed page on a separate sheet of paper.
- 6) Submit an official copy of your WWSU transcript, all transcripts submitted become property of Wichita State University.



IMPORTANT DATES
SCHOLARSHIP APPLICATION DEADLINES

APPLICATION DEADLINES CONTIGIENT UPON PROGRAM

W. Frank Barton School of Business
Wichita State University
Wichita, Kansas 67260-0048

Telephone: (316) 978-3203
Fax: (316) 978-3472
Internet: www.wichita.edu



WICHITA STATE UNIVERSITY

Study Abroad Application for Business Students

APPLICANT INFORMATION

mywsu ID: _____ Date _____

Desired Semester of Study: Spring Semester, 20____ Summer Session, 20____
 Fall Semester, 20____ Academic Year, 20____ - 20____

Gender: Male Female

Full Name: _____
Last Name First Name Middle Name (if any)

I am interested in studying at the university of: _____

In the country of: _____ Country Date of Birth Age at time of Study Abroad

MAILING ADDRESS:

Check if same as mailing address

PERMANENT ADDRESS IN YOUR COUNTRY:

Telephone: _____ or _____

Primary e-mail: _____ Second e-mail: _____

Will you be traveling on a U.S. Passport? Yes No
If no, what country's passport will you be traveling on? _____

What will be your classification at the beginning of your study abroad? Sophomore Junior Senior Graduate

Major(s) _____ Cumulative WSU GPA _____ Expected Graduation Date: mm/yyyy

Have you ever been on academic probation? Yes No

Foreign Language Studied: French German Italian Japanese Latin Russian Spanish Other

Current level and years of language study: _____

Will you be applying for financial aid for study abroad? Yes No

Are you currently receiving federal financial aid or financial aid from WSU? Yes No

PREVIOUS OVERSEAS STUDY OR TRAVEL EXPERIENCE

Please list all previous travel or study abroad experience you have including that from other universities or institutions. List them in order of attendance.

CITY AND COUNTRY	NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)
_____ DATES VISITED OR ATTENDED	NAME OF U.S. INSTITUTION FROM WHICH PROGRAM WAS THROUGH
From: _____ To: _____ mm/yyyy mm/yyyy	_____ NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)
CITY AND COUNTRY	NAME OF U.S. INSTITUTION FROM WHICH PROGRAM WAS THROUGH
_____ DATES VISITED OR ATTENDED	_____ NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)
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_____ DATES VISITED OR ATTENDED	_____ NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)
From: _____ To: _____ mm/yyyy mm/yyyy	NAME OF U.S. INSTITUTION FROM WHICH PROGRAM WAS THROUGH

REFERENCES

*Please list the two individuals you will be asking to provide references for you.

_____ Name	_____ Relationship
Telephone: _____ e-mail: _____	_____ Please Print Neatly
_____ Name	_____ Relationship
Telephone: _____ e-mail: _____	_____ Please Print Neatly

RELEASE INFORMATION

The collection, retention, and dissemination of your records and personal information is subject to the federal regulations under the Family Education Rights and Privacy Act of 1974. It is therefore necessary to obtain your permission to release information collected on the application, in your letters of recommendation, and in your transcripts.

- 1) *I hereby release information contained in my applications for admission and for study abroad, letters of recommendation, and transcripts to the Office of International Education for review and approval of my study abroad application. I also grant permission for access to medical, disciplinary, and counseling files that have bearing on my application.*
- 2) *I also hereby release information contained in my application, letters of recommendation, and transcripts to the overseas institution where I wish to be placed.*

RELEASE FOR OFF CAMPUS STUDY

Wichita State University does not make any warranties or guarantees of any kind, expressed or implied, regarding any off-campus program in which a student may participate. The University assumes no responsibility and disclaims any liability, damages, or injury suffered by any student by reason of the negligent or wrongful acts or failures to act of any person or institution with whom the University may make arrangements for any off-campus study program.

INDEBTEDNESS

Failure to make full payment of all required fees or to resolve other debts to Wichita State University or the host institution may result in the cancellation of pre-registration for the following semester; denial of registration until payment is received, and/or disenrollment at WSU or the host institution. A student must fulfill all financial obligations to WSU before receiving grade reports, transcripts, or a diploma from Wichita State University.

Students must register and pay regular tuition and fees for a full course load. A minimum of 12 credit hours per semester for Undergraduate students and 9 credit hours per semester for Graduate students.

SIGNATURE

***IMPORTANT:** I have read the above paragraphs and acknowledge that I understand them completely and accurately. By signing below I acknowledge my agreement to be bound by their terms as a condition of my participation in any off-campus programs sanctioned by Wichita State University. In addition, I verify that the above information is true and complete.

Printed Name: _____
First Name Last Name

Applicant's Signature

Date

PLEASE RETURN YOUR APPLICATION TO:

114 Clinton Hall

or mail to:

W. Frank Barton School of Business
Wichita State University
Wichita, Kansas 67260-0048