

SIT Study Abroad

a program of World Learning



Application Instructions

Print out this application and mail to the address at the bottom of this form. All application materials must be sent together except items 2, 3, and 8. Item 8 must be emailed to applications@sit.edu as a Word document. Essays 4-6 should be single-spaced and printed double-sided on one piece of paper. Include your name on every sheet. Mark each completed item in the space provided below. This application is complete only when IHP has received items 1–11. All materials must be postmarked by the deadline.

If you are accepted to IHP, you will be asked to submit a series of confirmation materials, including a Medical Information Form and a Physician Medical Report. Failure to submit these materials by the deadline could jeopardize your participation on IHP. IHP will send all accepted students further details about confirmation materials and deadlines.

Legal Name of Applicant

- 1. **Application form:** The two-page application form with required signatures. The signatures may be submitted separately.
- 2. **Transcript:** An official copy of your college transcript(s).
- 3. **Two letters of reference:** At least one letter must be from a faculty member who has had direct experience with your academic work. The letters may be sent by mail, fax, or email to applications@sit.edu.
- 4. **Relevant activities and experiences:** Briefly describe how your extracurricular activities and experiences (employment, organizations, community service, hobbies, training, performing, etc.) over the past few years have helped prepare you for IHP. (250 words max)
- 5. **Intercultural experiences:** Describe a significant intercultural experience you have had and its impact on you. (250 words max)
- 6. **Statement of interest:** Articulate your academic and personal reasons for selecting IHP's comparative experiential format and your preferred program theme. Demonstrate the connection between your interests and the program's academic content. (250 words max)
- 7. **Writing sample:** A short paper (no more than five pages) written for a college course. The grade may or may not be included.

IHP Program and Semester Preference

- 8. **Electronic homestay letter and photograph, emailed to applications@sit.edu:** Type a one-page letter to your homestay family. Beginning with "Dear Host Family," thank them for accepting you into their home and tell them about yourself. Describe your interests, your community, your family, or whatever you feel might give your hosts some background and ways to better engage with you when you arrive. Insert an electronic photo of yourself into the document. If you are accepted, the letter will be forwarded to country coordinators and homestay families. Email your homestay letter as a Microsoft Word document to applications@sit.edu. Use your full name and program choice in the title of the document ("LastName_FirstName_ProgramName_HomestayLetter"). (200 words max)
- 9. **Passport copy:** A clear color copy of the information page of your passport. The copy must be the original size. If you do not have a valid passport, apply for one now and note this on your application.
- 10. **Official passport-sized photograph:** A recent, official passport-sized photograph. Write your name on the back of the photograph.
- 11. **Nonrefundable \$50 application fee:** Attach a check or money order to the application form, made payable to "World Learning." Applications cannot be processed without this fee. Write your name and program choice on the check.
- 12. **IHP Grant application:** If financial aid is required for you to participate, please refer to the instructions in the Scholarships and Financial Aid section of the IHP website www.sit.edu/scholarships. Your grant application will be considered independently of your application for admission.

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Applicant Form 1 or 2

Legal Name of Applicant

Nickname

Please indicate your program and year preference (If applicable, indicate your 2nd choice):

Year: 20

Beyond Globalization: ___ Academic Year

Cities in the 21st Century: ___ Fall Semester ___ Spring Semester

Health & Community: ___ Fall Semester ___ Spring Semester, Option 1 ___ Spring Semester, Option 2

SIT Study Abroad: Program Title: _____
___ Fall Semester ___ Spring Semester ___ Summer
____/____/____ - ____/____/____
Dates Valid

Current/School Mailing Address

Permanent/Home Address

Current Phone

Permanent/Home Phone

Primary E-mail Address

Secondary E-mail Address

Date of Birth

Gender

Racial/Ethnic Background (optional)

School Currently Attending

Major(s)

Standing during program Freshman Sophomore Junior Senior Graduate

Degree/Year Expected

Do you have a passport valid for at least 6 months after the program ends? Yes No

Country(ies) of Citizenship

If not a U.S. citizen, please indicate your status

Social Security Number

Salutation

Parent or Legal Guardian

Salutation

Parent or Legal Guardian

Relationship to You

Relationship to You

Occupation (optional)

Occupation (optional)

Address

Address

Phone and Type

Phone and Type

E-mail Address

E-mail Address

May we share pre-departure and program information with this person? Yes No

May we share pre-departure and program information with this person? Yes No

Name of Person to be Billed

Signature of Person to be Billed

Billing Address

The applicant and his/her parent(s) or legal guardian(s) must sign this application, and it is understood and agreed that all signatories have read and are familiar with the Conditions of Participation available at www.ihp.edu and are in agreement therewith, and that every applicant accepted and his/her parent(s) or legal guardian(s) are bound hereby.

Applicant's Signature

Date

Parent/Guardian's

Signature Date

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Application Form 2 of 2

Legal Name of Applicant

IHP Program and Semester Preference

Current Students: The statement below should be checked and signed by an official in your study abroad office.

To the best of my knowledge, this student is in good academic and social standing on our campus.

Please check one:

- I support this student's application to IHP.
 I do not support this student's application to IHP. (Please explain on separate sheet.)

Study Abroad Official's Signature

Date

Study Abroad Official's Name and Title

Address

Phone number

E-mail address

Please indicate below the people who have helped you complete or otherwise support your application.

Study Abroad Advisor Check if the same as signer above

Name and Title

University and Department

Street or P.O. Box No.

City, State, Zip Code

Phone Number

E-mail Address

Reference Writer 1

Name and Title

University and Department

Street or P.O. Box No.

City, State, Zip Code

Phone Number

E-mail Address

Academic Advisor

Name and Title

University and Department

Street or P.O. Box No.

City, State Zip Code

Phone Number

E-mail Address

Reference Writer 2

Name and Title

University and Department

Street or P.O. Box No.

City, State Zip Code

Phone Number

E-mail Address