

2017-2018 Hendrix Study Away Application
(due to the Office of International Programs by *Monday, November 7, 2016*)

Name: _____ Hendrix ID Number: _____

Major/Minor: _____ Academic Advisor: _____

Current Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

E-Mail: _____ Telephone: (____) _____

Campus PO: _____ Date of Birth: _____ Cumulative GPA: _____

Person completing faculty reference:

Person completing general reference:

Please check the appropriate box/boxes indicating when and where you would like to study away (for more information on these programs, visit <http://www.hendrix.edu/InternationalPrograms>):

Program	Summer 2017	Fall 2017	Spring 2018
Accademia dell'Arte (Italy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
China Summer Language Institute	<input type="checkbox"/>		
Hendrix-in-Brussels (Belgium)			<input type="checkbox"/>
Hendrix-in-Costa Rica	<input type="checkbox"/>		
Hendrix-in-Graz (Austria)		<input type="checkbox"/>	<input type="checkbox"/>
Hendrix-in-Heilongjiang (China)		<input type="checkbox"/>	<input type="checkbox"/>
Hendrix-in-London: Roehampton (UK)		<input type="checkbox"/>	<input type="checkbox"/>
Hendrix-in-Madrid (Spain)	<input type="checkbox"/>		
Hendrix-in-Shanghai (China) (Business, Finance, & Economics)			<input type="checkbox"/>
Hendrix-in-Tours (France)	<input type="checkbox"/>		
Hendrix-in-Washington (DC)		<input type="checkbox"/>	
Hendrix-in-Zhuhai (China)		<input type="checkbox"/>	<input type="checkbox"/>
Oxford Programme for Undergraduate Studies (UK)		<input type="checkbox"/>	<input type="checkbox"/>
Oxford Honours Programme (UK)		<input type="checkbox"/> (Full Year Only, 3.7 GPA Required)	
International Student Exchange Programs (ISEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (please attach a paragraph explaining why this external program meets your study away needs and basic information—such as a webpage—on your program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list the courses you plan to take (*do not complete if only applying to a summer program*):

Term	Courses
Fall 2017 <input type="checkbox"/> Hendrix or <input type="checkbox"/> away	
Spring 2018 <input type="checkbox"/> Hendrix or <input type="checkbox"/> away	
Fall 2018 (Hendrix)	
Spring 2019 (Hendrix)	

I have or will meet the College's W1 requirement:

Course

Semester/Year

*Students must meet the Writing Level I (W1) requirement during the first or second year.
(Hendrix Catalog Online, 2016-17)*

Student:

Academic Advisor:

Signature

Signature

Date

Date

Essay

Please submit your typed essay along with the rest of your application.

Please explain what you feel has prepared you for undertaking the proposed program of study away, how you believe you would benefit from the experience, and how it would complement your degree program at Hendrix and, if applicable, your future career goals. Please be specific. The maximum length of this essay is one page, single-spaced, standard margins and font size.

Hendrix Faculty Member Recommendation Form

This form should be delivered to SLTC 242, sent through campus mail, or mailed directly
(Office of International Programs, Hendrix College, 1600 Washington Ave., Conway, AR 72032).
*Due date is **Monday, November 7, 2016.***

I. To be completed by the applicant

Name of Applicant

Name of Faculty Member

Name of Study Away Program

Courses taken under this professor:

Semester(s) to be Away

I hereby waive my right to see this recommendation _____

Applicant's Signature

Date

II. To be completed by a Hendrix professor

Please evaluate the applicant in the areas described below.

Criteria	Poor	Average	Good	Excellent	Cannot Judge
Maturity (judgment, responsibility, self-reliance, emotional stability)					
Academic skills (research, study habits, verbal skills, learning ability)					
Initiative (self-motivation, enthusiasm, imagination)					
Adaptability (cultural sensitivity, flexibility, tolerance)					
Overall Recommendation					

Please comment briefly on any aspects of the applicant's suitability for study away which you feel need further clarification.

Recommender's Signature and Date

General Recommendation Form

This form should be completed by another professor, or by someone else who can comment objectively and meaningfully on the applicant's intellectual and personal suitability for studying away.

Once complete, this form should be delivered to SLTC 242, sent through campus mail, or mailed directly (Office of International Programs, Hendrix College, 1600 Washington Ave., Conway, AR 72032).

*Due date is **Monday, November 7, 2016.***

I. To be completed by the applicant

Name of Applicant

Name of Person Completing Recommendation

Name of Study Away Program

Relationship to Applicant

Semester(s) to be Away

I hereby waive my right to see this recommendation _____
Applicant's Signature Date

II. To be completed by the recommender

Please evaluate the applicant in the areas described below.

Criteria	Poor	Average	Good	Excellent	Cannot Judge
Maturity (judgment, responsibility, self-reliance, emotional stability)					
Academic skills (research, study habits, verbal skills, learning ability)					
Initiative (self-motivation, enthusiasm, imagination)					
Adaptability (cultural sensitivity, flexibility, tolerance)					
Overall Recommendation					

Please comment briefly on any aspects of the applicant's suitability for study away which you feel need further clarification.

Recommender's Signature and Date

Transcript Waiver Form

Please return this form along with your application to the Office of International Programs.

I, _____, request the Office of Academic Affairs to provide the Chair of International/Intercultural Studies Committee and the Director of International Programs with copies of my transcript as needed. I understand that one copy will be sent to the Director during my study-away period.

Signature and Date

Confidential Information Waiver Form

I, _____, request that the Office of Student Affairs, the Dean of Students, and the Business Office provide, both to the Director of International Programs and to members of International/Intercultural Studies Committee, access to any relevant information in my personal file and student financial account. This permission is given with the understanding that all such information is completely confidential, is to be used only in order to make determinations of importance to the placing and support of the student studying away, and that the information is to be requested only when necessary.

Signature and Date