# 2019-2020 Hendrix Study Away Application (Due to the Office of International Programs by *Monday, November 5, 2018*)

Name:			Hendrix ID Number:			
Major/Minor:			Academic	Advisor:		
Current Class:	□ Freshman □ Sophomore		C	Gender:	_	
E-Mail:			Cell p	hone: ()		
Campus PO:	Date	of Birth:		Cumulative GPA:		
Person completing fa	aculty reference:		Per: 	son completing genera	Il reference:	
Program Check the appropriate b	ox(es)	Sum	mer 2019	Fall 2019	Spring 2020	
Accademia dell'Arte (It	taly)					
Hendrix-in-Costa Rica						
Hendrix-in-Bonn (Gern	nany)					
Hendrix-in-Graz (Austr *Recommended for Spring						
Hendrix-in-Heilongjian	g (China)					
Hendrix-in-London: Ro	pehampton (UK)					
Hendrix-in-Madrid (Spa	ain)					
Hendrix-in-Shanghai (	China)					
Hendrix-in-Tours (Fran	nce)					
Hendrix-in-Washington	n (DC)					
Hendrix-in-Zhuhai (Chi	ina)					
Oxford Programme for Studies (UK)	Undergraduate					
Oxford Honours Progr	amme (UK)			□ (Full Year Only, 3.7 GPA Requir		
International Student E Programs (ISEP)	Exchange					
Other: a paragraph explaining why program meets your study a						

basic information—such as a webpage—on

your program)

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

Term	Courses
Fall 2019 □Hendrix or □away	
Spring 2020 ☐Hendrix or ☐away	
Fall 2020 (Hendrix)	
Spring 2021 (Hendrix)	
I have or will mo requirement:	eet the College's W1
Course	Semester/Year
Students must m (Hendrix Catalog	neet the Writing Level I (W1) requirement during the first or second year.  Online, 2018-19)
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 5, 2018.** 

I. To be completed by the applicant					
Name of Applicant		Name of Fac	culty Membe	er	
Name of Study Away Program	Courses taken under this professor:				
Semester(s) to be Away					
I hereby waive my right to see this recomm	nendation _	Applicant's Sig	nature		 Date
II. To be completed by a Hendrix professor Please evaluate the applicant in the areas		below.			
Criteria	Poor	Average	Good	Excellent	Cannot Judge
Maturity (judgment, responsibility, self-					

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 5, 2018.

I. To be completed by the applicant		
Name of Applicant	Name of Person Completing Recommenda	 ition
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.

Recommen	der's Sian	ature and	Date	
Neconinien	uei s oigii	alui e aiiu	Date	

#### **Transcript Waiver Form**

	Please return this form along with your application to the Office of International Program
I,	, request the Office of Academic Affai
to	provide the Chair of International/Intercultural Studies Committee and the Director
0	f International Programs with copies of my transcript as needed. I understand that
0	ne copy will be sent to the Director during my study-away period.
	and Date
natur	re 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.
Cianos	ture and Data
Signat	ture and Date