Spring 2021 Hendrix Study Away Application (Due to the Office of International Programs by *Monday, February 3rd, 2020*)

Name:	Hendrix ID Number:			
Major/Minor:		Academic Advisor:		
Current Class:	□ Junior □ Senior	or Gender:		
E-Mail:			none: ()	
Campus PO: Date of	Birth:		Cumulative GPA:	
Person completing faculty reference:			on completing genera	
<u> </u>				
Program Check the appropriate box(es)				Spring 2021
Accademia dell'Arte (Italy)				
Hendrix-in-Graz (Austria)* *Recommended for Spring				
Hendrix-in-Heilongjiang (China)				
Hendrix-in-London: Roehampton (UK)				
Hendrix-in-Madrid (Spain)				
Hendrix-in-Tours (France)				
Hendrix-in-Washington (DC)				
Hendrix-in-Zhuhai (China)				
Oxford Programme for Undergraduate Studies (UK) *one semester only				
Oxford Honours Programme (UK)				
International Student Exchange Programs (ISEP)				
Hendrix-in-Tokyo (Japan)				
Hendrix-in- Nishinomiya (Japan)				
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)				

Please list the courses you plan to take (do not complete if only applying to a summer program). Specifically list all courses needed to fulfill your degree requirements. For the courses you plan to take abroad, you don't have to list by course number, but by the type of course:

Term	Courses	
Fall 2020 □Hendrix		
or		
□away		
Spring 2021		
□Hendrix		
or		
□away		
Fall 2021 (Hendrix)		
Spring 2022 (Hendrix)		
I have or will me	eet the College's W1	
requirement:		
Course	Semester/Year	
	meet the Writing Level I (W1) requirement during the first or second year. ng Online, 2019-20)	
Student:	Academic Advisor:	
Signature	Signature	
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 243, sent through campus mail, mailed directly (Office of International Programs, Hendrix College, 1600 Washington Ave., Conway, AR 72032) or scanned and emailed to studyabroad@hendrix.edu.

Due date is Monday, February 3rd, 2020.

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 _		
. Hereby maine my ngm to eee ane recommendation <u>-</u>	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.

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Due date is Monday, February 3rd, 2020.

I. To be completed by the applicant					
Name of Applicant		Name of Per	son Compl	eting Recomn	nendation
Name of Study Away Program		Relationship to Applicant			
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 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)					

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	

Overall Recommendation

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.
Sign	ature 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		