



INSTRUCTIONS TO APPLY TO A NON-UNION STUDY ABROAD PROGRAM

Eligibility

Ensure you meet the eligibility criteria posted on the International Programs website.

Instructions

All application materials are to be placed in one large envelope clearly labeled with your name and “Non-Union application” and turned in to the International Programs Office, Old Chapel, Third Floor no later than 5:00 pm on Friday of the 3rd week of spring term.

The William Cady Stone Application will be due to the International Programs Office, Old Chapel, Third Floor no later than 5:00 pm on **Friday of the 5th week of winter term.**

- Completed Application Form, including Course Approval Form
- Unofficial Transcripts (Print from Web Advising)

Address each of the following as an addendum:

- Essay and Program Overview: A typed, single-spaced essay of no more than two pages explaining your academic reasons for wanting to participate in this program. You should explain why this program offers opportunities that are important for your academic program of study that are not available at Union or on Union terms abroad. It must also include an overview of your proposed plan of study, including the rationale for pursuing non-Union study abroad program and how the program will contribute to your academic coursework at Union. Please provide a list of the courses you intend to take and provide an explanation as to why these particular courses make sense in terms of your overall academic program of study.
- Proposed Budget: a clear and detailed breakdown of all estimated expenses related to your study abroad experience including room, board, ground transportation, non-Union tuition. Please use the Non-Union Term Abroad Budget Form found on the International Programs website.
- Letters of Recommendation: Please enclose letters of recommendation from two faculty members. One letter should be from a faculty member with whom you have consulted about the suitability of courses on the study abroad program to your academic program at Union College. The other letter should address your independence and motivation to study abroad. Your letters should be in sealed envelopes with the faculty member’s signature across the seal.



Application for a Non-Union Study Abroad Program

Program Choice

Non-Union Study Abroad

Location/Term/Year

Contact Information - Overseas

Name and Title of English Speaking Overseas Contact

Phone Number

Email

Personal Information

Full Name (As it appears on your passport)

Gender

Union ID Number

Union Email

Union Mail Box #

Your Mailing Address at Union (*residence, apartment or post office box, city, state, zip*)

Telephone at Union (cell or other)

Permanent Address (*street, city, state, zip*)

Permanent Telephone

Birth Date (*month, day, year*)

Birth Place (*city, state, country*)

Country of Citizenship

Do you have a passport?

Passport Expiration Date

Issuing Country of Passport

Visa status (if not a U.S. citizen)

Academic Status

Major(s)

Minor(s)

Graduation Year

Cumulative GPA (to be
verified by International
Programs)

Advisor

Advisor's Email

Study Abroad Experience

If you have applied to one or more Union study abroad, mini-term, independent study abroad or Union-sponsored Non-Union program, please provide further information on the program(s):

| Type of Program | Program/Term/Year | Accepted (Yes/No) | Participated (Yes/No) |
|-----------------|-------------------|----------------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Parent/Guardian Information

1. Name: _____

Relationship: _____

Address: _____

(street, city, state, zip)

Below you must provide at least one phone number and if available, an email

Home Tel: _____

Work Tel: _____

Mobile: _____

Email: _____

2. Name: _____

Relationship: _____

Address: _____

(street, city, state, zip)

Below you must provide at least one phone number and if available, an email

Home Tel: _____

Work Tel: _____

Mobile: _____

Email: _____



Remember that you must hand in this page with the original signatures.

RELEASE

International Program: _____

Student: _____

I authorize the release of my official academic transcript and medical, disciplinary, and other records maintained by Union College to those program administrators responsible for determining the eligibility of my application, selecting program participants and safeguarding their health and well-being.

I understand that if I have accumulated five or more points at the time of application and/or if I accumulate five or more points in the time period between applying and departure, it may affect my eligibility to participate.

Student/Participant Signature: _____ Date: _____

Print Name of Student/Participant: _____

ACADEMIC ADVISOR APPROVAL

1. Academic Advisor: _____

2. Academic Advisor: _____

As the Academic Advisor to: _____

I hereby approve this student's participation in this program and it is my assessment that participation will not compromise progress toward meeting major, minor, or graduation requirements.

1. Academic Advisor:

Signature: _____ Date: _____

Print Name: _____

2. Academic Advisor:

I hereby approve this student's participation in this program and it is my assessment that participation will not compromise progress toward meeting major, minor, or graduation requirements.

Signature: _____ Date: _____

Print Name: _____

DEPARTMENT CHAIR APPROVAL

I hereby approve this student's participation in this program and it is my assessment that participation will not compromise progress toward meeting major, minor, or graduation requirements.

Department Chair Signature: _____ Date: _____

Print Name: _____



Non-Union Terms Abroad Course Approval Form

Name _____ Union ID # _____ E-mail _____

Graduation year: _____ Major _____

Sponsoring U.S. Institution _____ Overseas Institution _____

City and Country _____ Term/s overseas (please check): ___ Fall ___ Spring ___ Winter ___ Summer

Grades received from a Term Abroad program will be entered into student's academic record and calculated into his/her GPA.

| | Host Institution Course Number and Title | Credit Hours at Host Institution | Union Course Equivalent (to be completed by Chair) | Gen Ed Category | Chairperson's Signature | Chairperson's Printed Name |
|---------|---|---|---|--------------------|-------------------------|-------------------------------|
| Example | SPN 465 Business Strategies | | | | | |
| | ECON 308 International Marketing | | | | | |
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Please provide at least 4-5 course choices per term (in case you are unable to secure your first course preference).

Required signatures:

Dean of Studies Signature _____ Date _____

International Programs Director Signature _____ Date _____

I understand how this study, as approved, affects my academic program. Study abroad courses may not be taken Pass/Fail or dropped. I understand that these course approvals are my own responsibility, and NOT that of the International Programs Office. It is my responsibility to obtain approved home campus equivalents for any and all classes I participate in while overseas. In the event that I change any of the above courses, I understand that I must seek additional approval from the Dean of Studies by the end of the first full week of classes abroad. Failure to do so may jeopardize the fulfillment of my degree requirements.

Student Signature _____ Date _____

E-mail contacts:

| | |
|--|---|
| Dean of Studies: Kristin Bidoshi, bidoshik@union.edu | Director of International Programs: Lara Atkins, atkinsl@union |
|--|---|

Students should check schedule on WebAdvisor in the term before departure to see final course listings.

Routing: Faculty Member->Chair->Dean of Studies->Director of International Programs ->copy to student