



THE STUDY ABROAD FOUNDATION
AN INTERNATIONAL UNIVERSITY NETWORK

STUDY ABROAD PROGRAM APPLICATION

SAF Headquarters

Study Abroad Foundation (SAF)
1100 W. 42nd Street, Suite 216A
Indianapolis, Indiana 46208-3345
U.S.A.

Tel: +1-317-925-2943

Fax: +1-317-925-2961

www.studyabroadfoundation.org

Study Abroad Foundation, Japan Office

Shinjuku I-Land Tower 4F #1578
6-5-1 Nishi-Shinjuku, Shinjuku-ku
Tokyo 163-1304

JAPAN

Tel: +81-(0)3-5321-6222

Fax: +81-(0)3-5321-6672

www.studyabroadfoundation.org/japan

Study Abroad Foundation, Mainland China Office

Rm.427, Apollo Building
1440 Yan'an Zhong Road
Shanghai 200040, P. R. China

Tel: +86-21-6248-3236 / 6248-5890

Fax: +86-21-6133-1890

www.studyabroadfoundation.org/china

Study Abroad Foundation, Korea Office

Gwanghwamun Officia 8F #813
163 Sinmunno 1-ga, Jongno-gu,
Seoul 110-999

KOREA

Tel: +82-(0)2-735-2300

Fax: +82-(0)2-735-2303

www.studyabroadfoundation.org/korea

Study Abroad Foundation, Taiwan Office

5F-12, No.186, Wen Xin Road,
Section 1, Taichung, Taiwan, 408
TAIWAN

Tel: +886-(0)4-2472-8677

Fax: +886-(0)4-2472-8655

www.studyabroadfoundation.org/taiwan



Completing the Application for Admission Form

All Study Abroad Foundation (SAF) programs are filled on a rolling admission basis and may close before the published deadline. We recommend that you return your application and other required information as soon as possible. Applicants should submit all admission documents to the SAF Office in their country of origin. The forms and information that should be submitted by the applicant are:

- ☐ Application for Admission
- ☐ Personal Information Form
- ☐ Academic Information Form
- ☐ Agreements and Releases Form (You must sign and date this form before returning it to us)
- ☐ USD \$300 Application Fee

The application fee should be made payable to the Study Abroad Foundation.

Note: Students are not expected to make any payment to the SAF during the process of their initial inquiry and counseling in Korea. Only when the student chooses to submit a formal application to the SAF will the one-time, non-refundable application fee of USD \$300 become due.

- ☐ USD \$2,000 Deposit

Once the student's application file is complete and ready for submission, a partially refundable deposit of USD \$2,000 is required. In the unlikely event that a student is not accepted by one of the three universities they choose, then 100% of the student's deposit will be refunded. In the event that a student is accepted by one of the three universities they choose but cancels his/her application for personal reasons, with the exception of a serious medical problem, 50% of the deposit will be refunded. In the event that a student is accepted by one of the three universities they choose but fails to obtain a student visa, 70% of the deposit will be refunded. The deposit is credited to the SAF program fee.

Additional Information Required from All Applicants

- ☐ Official University Transcripts
You must submit 2 official transcripts or academic records for all university and college work you have completed to date.
- ☐ Official High School Transcripts (only if you apply to Purdue University, University of Colorado, and/or University of St. Thomas.)
- ☐ Official TOEFL or IELTS Examination Scores

You must submit official results of the TOEFL and/or IELTS examination. **The SAF TOEFL code number is: 0097. The SAF IELTS code number is: 4972.** For TOEFL registration information: <http://www.toefl.org> and for IELTS registration information: <http://www.ielts.org>.

- ☐ Program Approval Form

The Program Approval Form must be completed by an official of your home university or college who is responsible for study abroad. If your home university does not have a study abroad advisor, take this form to the director of the international programs office, an academic dean, or registrar.

- ☐ Recommendation Form

The Recommendation Form must be completed by a faculty member or an advisor, preferably in your academic major or in the subject area you intend to study overseas.

- ☐ Financial Documents

All students must demonstrate financial resources sufficient to meet all educational, living and travel expenses for the duration of the study abroad program. Your financial guarantor(s) must submit original, official bank statements (Certificate of Balance) attesting to sufficient financial savings.

- ☐ Affidavit of Support

Your financial guarantor(s) must also submit a signed letter stating their intent to provide financial support to you for duration of their study abroad program.

- ☐ Photocopy of Passport

You must have a valid passport to participate on any SAF program. Please submit a copy of your passport information page with the SAF Application for Admission. **Please complete all forms, visa applications, etc. with your name written exactly as it is on your passport.**

- ☐ Six (6) I.D.-sized Photographs

Passport or the US VISA sized (3.5 x 4.5cm or 5.0 x 5.0cm), in black and white or color. Please print your name on the back of each photo.

- ☐ Criminal Activity Statement
- ☐ Department/Course Preference Form
- ☐ Housing Preference Form
- ☐ Medical Information Form
- ☐ Transcript Release Form



This application may be used for any SAF study abroad program.
 Complete by printing clearly in English. Please indicate below the
 period of time you intend to study abroad:

Australia/New Zealand

- ☐ Semester 1 (Feb–July)
☐ Semester 2 (July–Nov)
☐ Semester 1 and Semester 2
 (Feb– Nov)
☐ Semester 2 and Semester 1
 (July– July)

Canada/US

- ☐ Fall Semester (Aug–Dec)
☐ Spring Semester (Jan–May)
☐ Academic Year (Aug–May)

Ireland and UK

- ☐ Fall Semester (Sept–Dec)
☐ Academic Year (Sept–June)
☐ Spring Semester (Jan–June)

- ☐ Check here if you intend to enroll in an intensive English (ESL)
 program prior to university enrollment. Intended ESL start date
 (month/year): _____
☐ Check here if you are interested in an internship placement.

PROGRAM SELECTION

Please list your top three university or college choices in order of
 preference. Under most circumstances, your application will be
 submitted to your first choice university only.

First Choice: _____
 From (month/year) _____
 Alternative A: _____
 From (month/year) _____
 Alternative B: _____
 From (month/year) _____

APPLICANT INFORMATION

Name _____
 As on Passport (first) (last)
 Nickname _____
 Date of Birth _____
 (month/ day/ year)
 Citizenship _____
 Place of Birth (City & Country) _____
 Home University or College _____
 Gender ☐ Male ☐ Female

Current Address

Address _____

 City/Province _____
 Postal code _____
 Telephone (Home Phone) _____
 Telephone (Cell Phone) _____
 Fax number _____
 E-mail _____

Permanent Address (if different from Current Address)

Address _____

 City/Province _____
 Postal code _____
 Telephone _____

PARENT INFORMATION

(if your parents live separately, please give addresses for both)

Father's Name _____
 Address _____

 City/ Province _____
 Postal code _____
 Home telephone _____
 Business telephone _____
 Fax number _____
 E-mail _____
 Father's occupation _____

Mother's Name _____
 Address _____

 City/ Province _____
 Postal code _____
 Home telephone _____
 Business telephone _____
 Fax number _____
 E-mail _____
 Mother's occupation _____

Whom should SAF notify in case of emergency?
☐ Father ☐ Mother ☐ Other

To whom should we send your billing statements?
☐ Father ☐ Mother ☐ Other

If you marked "Other" for either of the above, please complete the
 following address information to be used for:
☐ Emergency ☐ Billing

Name _____
 Address _____

 City/ Province _____
 Postal code _____
 Home telephone _____
 Business telephone _____
 Fax number _____
 E-mail _____
 Relationship _____



Please complete this form in English and attach additional sheets if necessary.

Have you traveled or studied overseas before? ☐ Yes ☐ No

If yes, describe your experience(s):

Describe your family:

Describe your personal interests (hobbies, sporting activities, etc.):

What do you hope to achieve during your study abroad experience?

Why do you think you are a good candidate for study abroad?

Please answer the following questions below by checking the box that most closely matches your interests:

Objective(s) for studying abroad:

- ☐ Improve English
- ☐ Improve job prospects
- ☐ Learn about your academic major from different perspective
- ☐ Meet local students
- ☐ Learn more about the local culture and society
- ☐ Travel

Preferred living environment:

- ☐ Urban or large city
- ☐ Suburban (close to a large city but not downtown)
- ☐ Rural or small town

Preferred geographic location:

- ☐ U.S. ☐ Ireland
- ☐ Canada ☐ Australia
- ☐ England ☐ New Zealand
- ☐ Scotland ☐ Undetermined

Size of university or college:

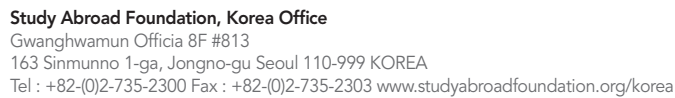
- ☐ Small (less than 3,000)
- ☐ Medium (3,000 to 8,000)
- ☐ Large (8,000 to 18,000)
- ☐ Large Research University (above 18,000)

What attributes best describe you:

- ☐ Outgoing and talkative
- ☐ Flexible
- ☐ Enjoy fast-paced city life
- ☐ Spend most of my time indoors
- ☐ Athletic
- ☐ Comfortable writing in English
- ☐ Comfortable understanding English
- ☐ I have read a novel in English
- ☐ Shy and reserved
- ☐ Enjoy a routine
- ☐ Prefer peace & quiet
- ☐ Enjoy the out-of-doors
- ☐ Artsy
- ☐ Comfortable speaking in English
- ☐ Comfortable reading in English
- ☐ I have written a paper in English

Housing Information: Check the terms that apply to you. (We will take these preferences into consideration but cannot make guarantees.)

- ☐ Smoker
- ☐ Allergic to smoke
- ☐ Vegetarian
- ☐ Prefer co-ed accommodations
- ☐ Non-smoker
- ☐ Will live with a smoker
- ☐ Food allergies
- ☐ Prefer single sex accommodation



4



Agreements

I hereby authorize the Study Abroad Foundation (SAF) and its designated representatives to reproduce my completed application materials, academic records and any other references in support of this application and to release them to cooperating institutions (host universities), their personnel and to third party for essential business (e.g. insurance provider, host country immigration services, and alumni) as well as the SAF staff. Students studying in Australia further agree that information may be made available to Commonwealth and State agencies pursuant to obligations under the ESOS Act and the National Code.

I have read the description of the programs for which I am applying and accept the program arrangements as offered, including financial commitments. I understand that I am fully responsible for my educational and living expenses while on the SAF program and neither my host university(s) nor host country are obliged or required to help me if I need financial assistance.

I certify that the statements I have made on this Application are correct, complete and agree to notify the SAF, its designated representatives, and host university(s) if I should fail to remain in good standing at my home university or suffer a change in circumstance that might compromise my success in studying abroad.

I understand that my acceptance of a program place will subject me to the published rules and regulations of the SAF and my host university(s) with regard to both personal and academic performance. I understand that that failure to comply with these rules and regulations may result in my dismissal from the program and/or loss of academic credit with no refund of the program fee. I understand that the host university(s) is not obliged to reenroll any student who fails to satisfactorily complete their studies each semester.

I authorize the official(s) of my host university(s) to forward official transcripts or grade reports of work completed to the SAF and I authorize the SAF to forward these transcripts to the appropriate official(s) at my home university or college.

Applicant's Signature (required) _____ Date _____

If student is under the age of 20, this form must be signed by a parent or legal guardian.

Signature of Parent/Legal Guardian _____ Date _____

Application Materials:

I understand that the documents submitted to the SAF and subsequently to the host university(s) become the property of the SAF and the host university. Application materials will be destroyed six months from proposed program commencement date if the student does not enroll in the program or request in writing an alternative commencement date. The SAF and the host university(s) reserves the right to rescind any previous decision made if information provided by the student is determined to be incorrect or incomplete.

Program Deposit and Refunds

Once a student is accepted to an SAF program, they will receive an acceptance letter and a program contract. To secure their place on the SAF program, students must return the program contract within 15 days of receiving notification of acceptance. Once a signed program contract is received, the USD \$2,000 deposit becomes non-refundable. It will only be refunded if the student has becomes seriously ill, or an emergency exists that prevents their participation, or they are unsuccessful in obtaining a student visa. SAF will refund only those funds which have not already been expended by the SAF for the student's participation on the program.

Comprehensive Program Fee

The balance of the program fee is due prior to start of the SAF study abroad program and payment failure will result in the cessation of SAF services.

Insurance

It is the student's responsibility to arrange appropriate insurance coverage for accident, illness, travel hazards, property loss and other risks involved with living and traveling abroad. The program fee for Australia covers the cost of mandatory health insurance although the purchase of supplemental insurance is highly recommended. SAF participants must purchase university prescribed health insurance policies when it is a requirement of the host university(s).

Medical Information/Special Needs

The SAF does not require a physician's report as a condition of acceptance in the program, but we strongly recommend that you have a medical and dental checkup before going overseas. If you have a specific health problem that we should be aware of, please inform the SAF as soon as possible. SAF keeps this information in the strictest confidence and does not use it for admission purposes. Many SAF host universities require students to provide immunization/inoculation records prior to enrollment. Any medical expenses incurred to fulfill a host university's immunization/inoculation requirements are the student's responsibility.

Parental Information Disclaimer

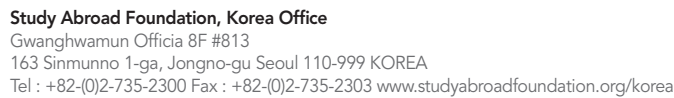
The SAF sends periodic mailings to participants' parents prior, during and after the study abroad program. Do you want your parents to receive this information? ☐ Yes ☐ No

Photography Waiver

I waive all rights of access and give permission to the SAF to use photographs taken at SAF events for future SAF publications, catalogs and the web site. ☐ Yes

How did you hear about the Study Abroad Foundation? (check one)

☐ parent ☐ university advisor ☐ advertisement ☐ friend ☐ web search ☐ SAF poster ☐ Other _____



6



Student _____ Home University/College _____

The above student is applying for a program of study abroad sponsored by the Study Abroad Foundation (SAF), with the expectation that he or she will receive transfer credit toward the completion of their undergraduate degree program at home. We require that all applicants be degree-seeking students currently enrolled in good standing at a Ministry of Education recognized university or college. Please complete this form in English.

Is this student a full-time undergraduate in good standing at your institution? ☐ Yes ☐ No If "no," please explain.

To your knowledge, has this student been involved in any serious disciplinary action while attending your university? ☐ Yes ☐ No
If "yes," please explain.

Has this student ever been on academic probation? ☐ Yes ☐ No If "yes," please explain.

Does this student have your approval for study abroad at his or her nominated universities? ☐ Yes ☐ Yes, with reservations ☐ No
If "no" or "yes with reservations," please explain.

The SAF believes that the courses that a student enrolls in abroad should whenever possible transfer to the student's degree program at home. Does your institution agree to transfer the credit the student earns abroad to his or her undergraduate degree program at home?

☐ Yes ☐ No

If you are unable to approve transfer credit in advance of the student's overseas study, please indicate what documentation must be provided (e.g. course syllabi) for transfer credit consideration following the overseas experience.

Please add any comments you might care to make concerning this student's eligibility and/or qualifications for study abroad.

Please complete both pages of this form and sign below.

Name _____ Signature _____

Title _____ Institution _____

The completed form should be mailed directly to the SAF Office in the prospective student's home country.



To the Student

Please complete and sign this section before asking your referee to complete and forward this form to our office. We recommend that you have this form completed by a faculty member who has taught you in the subject area you plan to study overseas. You should discuss your intention to study abroad and have him or her complete this form.

Authorization and Release Information

I hereby waive my right to access to the information on this form and ask that it be completed and forwarded to the appropriate SAF Office.

Signature _____ Date _____

Student Information

Name _____

(first)

(last)

Your telephone number () _____

Major _____

TOEFL/IELTS _____

Class- standing ☐ 1st- year ☐ 2nd- year ☐ 3rd- year ☐ 4th- year

Academic subjects and/or departments you intend to study while abroad:

Please indicate below the period of time you intend to study abroad:

Australia/New Zealand

- ☐ Semester I (Feb–July)
☐ Semester 2 (July–Nov)
☐ Semester 1 & Semester 2 (Feb– Nov)
☐ Semester 2 & Semester 1 (July– July)

Canada/US

- ☐ Fall Semester (Aug–Dec)
☐ Spring Semester (Jan–May)
☐ Academic Year (Aug–May)

Ireland and UK

- ☐ Fall Semester (Sept–Dec)
☐ Spring Semester (Jan–June)
☐ Academic Year (Sept–June)

☐ I plan to enroll in an intensive ESL program prior to enrolling in courses at the university/college. Intended ESL start date

(month/year): _____

☐ I plan to participate in a credit-bearing internship program while abroad.

I plan to study in one of the following SAF universities/colleges:

First Choice: _____

From (month/year) _____

Alternative A: _____

From (month/year) _____

Alternative B: _____

From (month/year) _____

To the Faculty Member

This form is an integral part of the above student's application to study abroad through the SAF, a non-profit organization that offers fully integrated study abroad opportunities for university students.

To help ensure favorable consideration of this student's application to one of our host universities abroad, we ask that you complete both sides of this form and forward it directly to the appropriate SAF Office.

Admission to our programs is competitive and selective. SAF programs operate on a rolling-admission policy, which means some programs may close before the published application deadline. We would appreciate your completing this form in English.

Name _____

Title _____

University _____

Address _____

City/ Province _____

Postal code _____

Telephone Number _____

Fax Number _____

E-mail _____

We seek your evaluation of the student's academic ability as well as his or her social maturity and emotional strengths in terms of undertaking a period of study abroad. We are particularly interested in your assessment of the student's academic motivation and any special attributes relevant to foreign study. Your noting any weakness that may impede the student's success abroad also would be of great help to us.

We appreciate your taking time to assist this student and hope that you will contact our office if you have any questions about this student's application or about any of our study abroad programs, services, or overseas partners.



Student _____ Home University _____

How long and in what capacity have you known this student?

Please list any courses this student has taken with you:

What is your general estimate of this student's intellectual ability and academic motivation?

On a scale of 1 (low) to 10 (high), how does this student rank in the following areas?

Writing ability	1	2	3	4	5	6	7	8	9	10
Quantitative ability	1	2	3	4	5	6	7	8	9	10
Critical thinking ability	1	2	3	4	5	6	7	8	9	10
Knowledge of major subject	1	2	3	4	5	6	7	8	9	10

Have you found this student to be a mature and stable person? ☐ Yes ☐ No If no, please comment.

Do you think this student would make the personal, social, and academic adjustment to an overseas program? ☐ Yes ☐ No
Please comment as you feel appropriate.

Do you have any additional comments about this student?

Please complete both pages of this form and sign below.

Name _____ Signature _____

Title _____ Institution _____

The completed form should be mailed directly to the SAF Office in the prospective student's home country.



Criminal Activity Statement

SAF, in cooperation with our host universities and colleges, are committed to maintaining a safe learning environment. As such, we require applicants who have been convicted of a felony, or who have engaged in behavior that results in injury to person(s) or personal property, to disclose this information. A previous conviction does not automatically bar admission to SAF Programs. If you answer "yes", however, you must attach a brief explanation describing the incident(s), including the location of the offense(s) or conviction(s), the date(s), your status at the time of release, and the court deposition (in English). In your own words, provide a description of the impact the incident(s) had on you. The explanation must also grant SAF and your prospective host university/college complete permission to access your criminal record. Additional Information may be requested and additional time required for review.

Have you ever been convicted of a felony or have you engaged in behavior that resulted in the injury to person(s) or personal property?

☐ Yes or ☐ No

Student Name: _____

Date of Birth: _____
(month/day/year)

Signature: _____

Date: _____



Affidavit of Support

This form must be fully completed.

Name of Student (First) _____ (Last) _____

SAF Program _____

Duration of Study Abroad Program
(Start date to end date) _____

I UNDERSTAND AND AGREE THAT THIS PROMISE IS BINDING.

I agree to provide the funds indicated below for the educational expenses of this student.

Sponsor's Name (First) _____ (Last) _____ Relationship to Applicant _____

Address: _____

Postal Code: _____ Country: _____

Telephone: _____

(include country and city codes)

Fax (if available): _____

(include country and city codes)

Agreements

I hereby guarantee the student named above with the following amount of money to pay for educational expenses. I understand that this affidavit is made by me for the purpose of assuring the host university and host government that the student named above will be provided with sufficient funds for educational and personal expenses and will not become a public charge of the host country.

Amount of money for student's educational and personal expenses: _____
(Amount/Currency)

Signature of Sponsor _____

Date _____



Department/Course Preference Form

Department/Course Preference Form is intended for admission decision-making only. Submission of this form does not mean that you are automatically registered in the courses you choose. It is your responsibility to finalize course registration after meeting with your host university advisor upon arrival.

Name:

Home University:

Host University:

Intended Length of Study Abroad:

Department/School/Faculty and Major Preferences

Preferred Major 1:

Preferred Department 1:

Preferred Major 2:

Preferred Department 2:

Student Course Preferences

Please select courses you want to take during your study abroad and list them in order of preference below. For on-line course catalog, please refer to the SAF Korea website at www.studyabroadfoundation.org.

Course Code	Section	Course Title	Credit/Unit Value

Make a copy of this form for your records before returning it to :

Study Abroad Foundation – Korea Office
Gwanghwamun Officia 8F #813
163 Sinmunno 1-ga, Jongno-gu
Seoul 110-999



Housing Preference Form

Name: _____

Host University: _____

Home University: _____

Housing Preferences

While your requests will be taken into consideration, we cannot guarantee your preferences. The Study Abroad Foundation (SAF) arranges all housing and you are **required to live in housing arranged by SAF**. Housing may be near class buildings or located elsewhere in your host city. The cost of any commuting is your responsibility. Please note, not all the options listed below are available at all universities where we offer programs.

If available, would you prefer?

- ☐ **A residence hall or residential college.** These group living situations usually offer additional services, including social programming. Some have mandatory meal plans, for which you will typically be billed after you have arrived at your host institution, while others are self-catering.
- ☐ **A shared student apartment or flat.** These housing options are usually self-catering. Apartments and flats may house only international students or may be integrated with host country students.
- ☐ **A homestay.** These housing options are typically only available for programs in England and Scotland. Students will stay in a private residence with a host family and will share many of their meals with their host family.

When thinking about a potential housing assignment and potential roommates, please check each box that applies that you:

- | | | |
|---|---|---|
| <input type="checkbox"/> I prefer to have a meal plan | <input type="checkbox"/> I prefer a self-catered option | <input type="checkbox"/> I prefer vegetarian meals |
| <input type="checkbox"/> I prefer a co-ed residence | <input type="checkbox"/> I prefer a single sex residence | |
| <input type="checkbox"/> I am a non-smoker | <input type="checkbox"/> I am a smoker | |
| <input type="checkbox"/> I am unwilling to live with a smoker | <input type="checkbox"/> I am willing to live with smokers | |
| <input type="checkbox"/> I drink alcohol | <input type="checkbox"/> I do not drink alcohol | <input type="checkbox"/> I prefer no alcohol in my room |
| <input type="checkbox"/> I prefer unlimited visitation for guests | <input type="checkbox"/> I prefer limited visitation for guests | |
| <input type="checkbox"/> I stay up late | <input type="checkbox"/> I go to sleep early | |
| <input type="checkbox"/> I keep my room tidy | <input type="checkbox"/> I tend to be somewhat messy | |
| <input type="checkbox"/> I am outgoing and talkative | <input type="checkbox"/> I am shy and reserved | |
| <input type="checkbox"/> I prefer to spend my time indoors | <input type="checkbox"/> I prefer to be in the outdoors | |
| <input type="checkbox"/> I am flexible and adjust to change | <input type="checkbox"/> I prefer a routine | |

(continue on reverse side)



Roommate Requests

Please list the full name the person(s) with whom you are requesting to share a room/flat. **All requests must be mutual and in writing and cannot be guaranteed.**

1. _____
2. _____
3. _____

Single Room Request – Sign ONLY if you are requesting a single room

At some host universities, an additional fee is sometimes charged for single rooms. Single rooms are available on a very limited basis. We cannot guarantee that you will be assigned a single room, even in you request one.

Sign here to request a single room, thus acknowledging that any extra cost will be billed to you.

Student Signature: _____ Date: _____

Special Accommodations

1. Do you have a hearing impairment which warrants special accommodations? ☐ Yes ☐ No
2. Do you need a handicap accessible room? ☐ Yes ☐ No
3. Do you have a chronic physical disability that warrants special consideration for housing? ☐ Yes ☐ No

Housing Contract

I affirm that this information is accurate and complete to the best of my knowledge. I understand that SAF assumes no responsibility for any problems resulting from being supplied with incorrect or incomplete information on this form, and **I understand that once a housing assignment is given no changes can be made.**

I understand and agree that I shall pay SAF all fees associated with the housing to which I am assigned as outlined in the program fee information provided to me by SAF with my program contract. In addition, I understand that if I am assigned to a residence with a mandatory meal plan, payment is my responsibility.

Housing assignments are for the duration of the program, and SAF provides no alternate housing. **SAF will not refund any sums paid for housing if a student vacates his or her room for any reason**, either voluntarily or involuntarily, before the end of the semester or term. **I understand that while housing is guaranteed, my first choice of accommodation is not.**

I understand and agree that living in housing arranged by SAF is a requirement of the program to which I have been admitted. I further understand and agree that if I refuse or fail to live in program housing, I will subject to dismissal from the program, withdrawal of services by SAF, and/or loss of academic credit, with no refund of fees paid.

Student Signature: _____ Date: _____

Make a copy of this form for your records before returning it to :

Study Abroad Foundation – Korea Office
Gwanghwamun Officia 8F #813
163 Sinmunno 1-ga, Jongno-gu
Seoul 110-999



Student Medical Information

Medical conditions could affect your study abroad experience. If you have special medical needs or conditions, please notify us by using this form so that we can advise correctly. We may be able to assist you in arranging for medical or mental health treatment to continue abroad. Please answer the following questions honestly and completely. This information will only be provided to others on a need-to-know basis and is used primarily by SAF offices.

1. Do you have any medical, psychological, or psychiatric condition(s) that could interfere with your participation in our study abroad program? (i.e. – diabetes, epilepsy, asthma, depression, etc). ☐ Yes ☐ No
If yes, please describe:

How is this condition being treated? Do you anticipate continuing this treatment abroad?

2. Do you have a learning disability that could interfere with your academic activities while you are on the study abroad program?
☐ Yes ☐ No
If yes, please describe.

3. Are you currently undergoing any medical or psychological treatment (including counseling) for any of the conditions described above?
☐ Yes ☐ No
If yes, please describe.

4. Do you require any ongoing medical attention? (i.e. – injections, prescriptions). ☐ Yes ☐ No
If yes, please describe.

5. Do you have any restrictions on physical activity? ☐ Yes ☐ No
If yes, please describe.

6. Would these restrictions influence your housing needs? (i.e. – student residences are often several stories high with small toilet and shower stalls). ☐ Yes ☐ No
If yes, please describe.

What special accommodations might you need?

(continue on reverse side)



7. Do you have any dietary restrictions, food allergies, medication allergies or other allergies?

☐ Yes ☐ No

If yes, please describe.

If you answered "yes" to any of the above, the information you have given may be used in the event of an emergency abroad, and it may help our staff to accommodate your needs. If you do not inform us of special needs or requirements, we will not have the opportunity to assist you.

Student Signature: _____ Date: _____

Name : _____

SAF Host University: _____

Emergency Contact Name: _____ Emergency Contact Email: _____

Emergency Contact Telephone Number: _____

Make a copy of this form for your records before returning it to :

Study Abroad Foundation – Korea Office
Gwanghwamun Officia 8F #813
163 Sinmunno 1-ga, Jongno-gu
Seoul 110-999



Transcript Release Form

I, _____ request and hereby authorize that my official
Full Name

academic record (transcript) to be sent from _____
SAF Host University

to the Study Abroad Foundation (SAF) at the completion of my enrollment in said

university/college. I plan on attending the university/college listed above for

_____. I am willing for this information to be released to SAF
Fall Semester, Spring Semester, Academic Year, etc,

and I understand that if there is a charge for the issuance of an official transcript that SAF

will pay the transcript issuance fee on my behalf.

Student Signature

Student ID #

Date

Number of Copies needed: 1

Address where TRANSCRIPT is to be sent :

The Study Abroad Foundation
1100 West 42nd Street, Suite 216A
Indianapolis, IN 46208



SAF Graduate Access Program

The SAF Graduate Access Program is designed to assist SAF program participants to successfully link study abroad participation with admission to a graduate program at the host university.

Are you interested in the SAF Graduate Access Program? ☐ Yes ☐ No

If yes, in which department(s) are you interested? _____

If yes, please provide the supporting documents listed below as soon as possible.

- One additional copy of your academic transcript from your home university
- Two additional copies of your academic recommendations
- One additional copy of your secondary school transcript (only if you are applying to Purdue U., U. of St. Thomas and U. of Colorado-Boulder)



Host University/College Intranet Sites

I, _____ understand that many SAF host universities/colleges
Student name
communicate with applicants and accepted students exclusively or in part through
password protected intranet sites and I authorize SAF to utilize my personal and academic
information to establish an intranet site on my behalf.

I understand that SAF has obligations and responsibilities regarding my participation
in the program and that the SAF will use access to my host university/college intranet
solely for the execution of these obligations and responsibilities (e.g. securing housing,
registration for orientation, arrival coordination, etc.). I understand that SAF will provide
me with the necessary information to access my host university/college intranet, but that
I should not change any access codes or passwords until I physically arrive on my host
university/college campus.

I understand that my changing usernames or passwords that exclude SAF's access to my
host university/college intranet prior to my physical arrival on campus may result in the
SAF being unable fulfill its stated obligations and responsibilities.

Student Signature

Date