

**Application Instructions for the
Health Teams Abroad: Sweden
2008 UA Study Abroad
Office of Study Abroad and International Exchange**

ALL students should be aware of the following:

- * This program is open to Undergraduate and Graduate Students in all colleges.
- * Students must have at least a 2.6 GPA and have completed at least 24 credit hours by departure.

ALL students should complete the following steps:

- 1. Complete the 2008 Study Abroad Program Application.**
- 2. Attach a Brief Statement.** Please provide a brief statement with your application about why you have selected your intended study abroad program, how it might compliment your degree program, and if this will be your first overseas experience. List any courses you have taken that you consider preparation for the India program.
- 3. One UA Transcript (This can be an advising or an unofficial copy).**
- 4. Ask your academic advisor or teacher to complete the recommendation form.** (one recommendation is required and included in this application packet.)
- 5. All students are required to have an e-mail address that they will check at least once a week.** This will be our primary means of contact with you. You will receive valuable information regarding the program via e-mail.

Priority Application Deadline: December 3, 2007 (early application is advised)

Contact the Office of Study Abroad for additional information.

Upon acceptance to the program, participants will be asked to sign a payment agreement and put down a deposit to secure a space.

Please submit all application materials to:
Office of Study Abroad and International Exchange
722 W. Maple St., Fayetteville, AR 72701
ph. (479) 575-7582 fax (479) 575-7402
studyabroad@uark.edu
<http://studyabroad.uark.edu>

OFFICE OF STUDY ABROAD AND INTERNATIONAL EXCHANGE
UNIVERSITY OF ARKANSAS

**2008 APPLICATION FOR UNIVERSITY OF ARKANSAS
STUDY ABROAD PROGRAMS**

NAME OF PROGRAM: _____

Legal Name: Mr., Ms., _____
last first middle

UA Student ID # _____ Expected Date of Graduation _____

Undergraduate Graduate College: FULB WCOB AFLS ARCH EDUC ENGR LAW

Major _____ 2nd Major _____ Minor _____

Please indicate if you are enrolled in the Honors Program: yes no

FOR VISITING STUDENTS ONLY:

If you are **not** currently enrolled at the University of Arkansas, please list your home university:

Name of College City, State Dates Attended Degree

If you are not currently enrolled at the University of Arkansas, have you ever taken courses at UAF? Yes No

If yes: Term/Year _____ Name used then: _____

SCHOLARSHIPS/AID

Please name the scholarships and/or financial aid you are currently receiving:

Do you plan to use your existing scholarships or financial aid to study abroad? yes no

Do you plan to apply for additional funding for study abroad? yes no

Please specify: _____

CONTACT

Local Address

Permanent Address

Street/P.O.

Street

City, State, Zip

City, State, Zip

Phone (please include area code)

Phone (please include area code)

UA E-mail address **(IMPORTANT!)**

Alternate E-mail address

EMERGENCY CONTACT

In case of an emergency during your study abroad program, who would we contact?

Name _____ Relationship to you: _____

Address _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

STATISTICAL INFORMATION

This information is used for statistical & affirmative action purposes only & cannot affect your eligibility.

Racial/Ethnic Category (Check One):

- American Indian or Alaskan Native
- Black, Non-Hispanic
- Asian or Pacific Islander
- Hispanic
- White (Non-Hispanic)

Date of Birth _____

Place of Birth _____

Age _____

Marital status Single Married

Male Female

Country of Citizenship* _____ Passport# _____ Expires _____

* If you are not a U.S. citizen, indicate type of visa _____ Expires _____

ADDITIONAL REQUIRMENTS

- Submit a copy of your most **current academic transcript**. (UA students may submit an unofficial copy)
- Attach a **brief statement** indicating your reasons for wanting to participate in the intended study abroad program. Please indicate the types of coursework you plan to pursue and address how this program relates to your academic and personal goals.
- One **Recommendation** Form from a major professor or advisor is required. Please indicate the name of the advisor or faculty member who has agreed to complete and submit the form.

Recommendation: _____
Name Title E-mail

I understand that the Office of Study Abroad has the right to review all University records pertaining to my academic performance, disciplinary records and student accounts. I also understand that my acceptance will subject me to the rules and regulations of the study abroad program with regard to both personal and academic performance.

I certify that the statements I have made on this application are correct and I will notify the Office of Study Abroad immediately if circumstances change which may compromise my successful participation in study abroad.

Signature _____ Date _____

Please refer to specific program information for application deadlines, payment schedules and any other supplemental material that might be needed for consideration of your application.

Office of Study Abroad and International Exchange
University of Arkansas
722 W. Maple
Fayetteville, AR 72701
Phone: (479) 575-7582 fax (479) 575-7402
e-mail: studyabroad@uark.edu

RECOMMENDATION FORM FOR UA STUDY ABROAD PROGRAM

Name of Applicant: _____ Email: _____

Intended Program: _____

Recommendation Submitted By: _____
Name Title

1. How long have you known the applicant and in what capacity?

2. Please indicate the applicant's ability and competence in comparison with other individuals whom you have known in similar stages of their studies.

	below average	average	above average	exceptional	no basis for judgment
general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knowledge in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motivation and stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
emotional stability/maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
effectiveness with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please comment on the applicant's general preparedness, academically and personally, for study abroad and indicate any other factors that you think may have a bearing on the applicant's successful experience in the desired study abroad program.

Signature

Date

Please return recommendation form to the Office of Study Abroad, 722 W. Maple, Fayetteville, AR 72701
 Campus Mail: STAB