

College of DuPage Summer Study Abroad  
Application for Admission

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**COVER SHEET**

A complete application must be submitted in order to be considered for this program.

**Checklist for Applicants**

- 1. Applicant Information
  - Passport copy (*if available at time of application*)
- 2. Academic Information
  - Transcript (*Unofficial transcript accepted. Exceptions made for non-traditional students.*)
- 3. Reference Information
  - Two recommendation letters (*The link to the recommendation form can be emailed directly to your reference and returned in the methods noted below.*)
- 4. Housing Preferences
- 5. Cancellation/Refund Policy
- 6. Essay
- ICISP Sponsored Billing Agreement  
(*For non-District 502 students applying to **Costa Rica** only.*)

**Application Process:**

**Step 1** — Submit completed application.

**Step 2** — Field Studies/Study Abroad will contact you to confirm the receipt of your completed application.

**Step 3** — Program directors will contact you to schedule an interview. Acceptance into the program is at the discretion of the program directors.

***Application deadline is Feb. 15 or until all spots are filled. Late applications accepted, space permitting.***

Submit your completed application via email to [benassi@cod.edu](mailto:benassi@cod.edu) or mail to:

**COD Field Studies/Study Abroad  
425 Fawell Blvd., BIC 3509  
Glen Ellyn, IL 60137-6599  
(630) 942-2356**

## College of DuPage Summer Study Abroad

## Application for Admission

**Note:** Save a copy of these documents to your computer PRIOR to completing them to avoid losing your information.

A \$500 deposit will be required upon registration.

I am interested in participating in the program to: \_\_\_\_\_  
List Country

**1. APPLICANT INFORMATION**

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Permanent street address City State ZIP

\_\_\_\_\_  
Home phone Cell phone Email

\_\_\_\_\_  
Your address while at college if different from above City State ZIP

How long will you be at your college address? Until \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Do you already have a passport? (If so, submit a copy with your application.)  Yes  No

\_\_\_\_\_  
Name, exactly as it appears on passport Passport number Passport expiration date

\_\_\_\_\_  
Date of birth Citizenship

If your passport will expire less than 6 months from the trip return date, or you do not yet own a passport, please apply for one now as it can take several weeks to obtain one: [http://travel.state.gov/passport/get/get\\_4855.html](http://travel.state.gov/passport/get/get_4855.html)

**2. ACADEMIC INFORMATION (Submit transcript with application.)**

\_\_\_\_\_  
Current college Address Dates of attendance

\_\_\_\_\_  
Previous college Address Dates of attendance

\_\_\_\_\_  
Previous college Address Dates of attendance

Current status:  H.S. Graduate  Freshman  Sophomore  Junior  Senior  College Graduate

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Last name

First name

Middle initial

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Location of Study Abroad program

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**Current speaking ability of language I wish to study through COD this summer:**

**Excellent**       **Good**       **Fair**       **Poor/None**

**How many years have you studied this language?**

High School:  0  1  2  3  4  5      College:  0  1  2  3  4  5  6  7  8  
 semesters     quarters

Have you ever been on disciplinary probation?     Yes     No                      If yes, explain:

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### 3. REFERENCE INFORMATION

Please list the names and addresses of **two** current or previous employers/teachers who will be submitting recommendations on your behalf. They should have known you for at least one semester and have observed your relationship with others. ***One recommendation must be from a recent teacher.***

**1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

**Recommendation Forms available online:**

[http://www.cod.edu/academics/field/studyabroad/pdf/recommendation\\_form.pdf](http://www.cod.edu/academics/field/studyabroad/pdf/recommendation_form.pdf)

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Last name

First name

Middle initial

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Location of Study Abroad program

#### 4. HOUSING PREFERENCES

Preferences will be considered, but cannot be guaranteed. Check any preferences that are important to you:

##### Roommate

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Smoking        | <input type="checkbox"/> Non-smoking  |
| <input type="checkbox"/> Messy          | <input type="checkbox"/> Neat         |
| <input type="checkbox"/> Noisy          | <input type="checkbox"/> Quiet        |
| <input type="checkbox"/> Morning person | <input type="checkbox"/> Night person |
| <input type="checkbox"/> Punctual       | <input type="checkbox"/> Not punctual |

##### Living Arrangements preferences:

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Smoking  | <input type="checkbox"/> Non-smoking |
| <input type="checkbox"/> Pet O.K. | <input type="checkbox"/> No pets     |

Any specific dietary requirements:

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Three adjectives that describe you best: \_\_\_\_\_

#### 5. Cancellation/Refund Policy

In the event that a participant wishes to **withdraw from a program for which they are registered, certain penalties may apply**. Services are planned and commitments are made on behalf of all participants, in advance of actual departure: suppliers require advanced deposits and payments, and final payments for all services are sent to vendors months in advance of departure. These payments are non-refundable since contractual agreements stipulate penalties to be applied to services requested but not used.

Please note that no refunds will be made for any services provided in the itinerary that you do not use.

**Please understand that if you change your plans for ANY reason, your right to a refund is limited.**

**All cancellations and refund requests must be made in writing and sent to:**

**College of DuPage  
Field Studies/Study Abroad, BIC 3509  
425 Fawell Blvd.  
Glen Ellyn, IL 60137-6599**

***I have read and I understand the Participant Cancellation and Refund Policy.***

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Signature

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Date

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Last name

First name

Middle initial

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Location of Study Abroad program

## **6. ESSAY**

Please submit a one-page essay in response to the following questions: How will the program relate to your personal, academic and career goals? What cultural experiences are you looking for during your study abroad? What do you think will be the most challenging aspect (besides learning the language) of living in another culture? How do you plan to prepare for and get the most out of your study abroad experience? What contributions do you hope to make as a member of the group? Do you have previous travel experience within the U.S. or abroad (briefly discuss)? Is there anything you would like us to know (likes, dislikes, etc.)?