

Please do not staple

HOBART AND WILLIAM SMITH COLLEGES

Global Education Program Application



Center for (CGE) Global Education

For Office Use Only

Date Rec'd _____

Late _____

GPA _____

Discip _____

Entered _____

(Location of Program)

(Semester/year of program you're applying for)

This form is to be completed by any student who wishes to participate in a Hobart and William Smith Colleges off-campus program. You must fill out a separate form for each program you're applying to. **(Note: you need to fill out the green form if you are applying for a NON-HWS program).** Additional forms and/or interviews may be required for certain programs. The CGE office is located on campus on the 3rd Floor of Trinity Hall. Questions regarding the application procedure may be directed to the CGE staff at x3307 or walsh@hws.edu

NAME _____ GENDER _____ CLASS OF _____

STUDENT ID # (not Social Security #) _____ DATE OF BIRTH _____

BIRTHPLACE (CITY/STATE/COUNTRY) _____

COUNTRY OF CITIZENSHIP _____ MAJOR 1 _____

MAJOR 2 _____

MINOR _____

CAMPUS P.O. BOX _____

LOCAL/CAMPUS PHONE _____ HOME ADDRESS _____

CELL PHONE _____

PARENTS' PHONE _____

YOUR E-MAIL ADDRESS _____ PARENTS' E-MAIL ADDRESS _____

DO YOU HAVE A CURRENT PASSPORT? YES____ NO____ EXP. DATE _____

COUNTRY ISSUING PASSPORT _____ PASSPORT #: _____

OTHER CGE PROGRAM(S) IN WHICH YOU HAVE ALREADY PARTICIPATED OR ARE ACCEPTED TO:

PLEASE LIST ALL CGE PROGRAM(S) FOR WHICH YOU ARE PRESENTLY APPLYING AND RANK ORDER

1st choice _____ 3rd choice _____

2nd choice _____ 4th choice _____

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Do you have any special academic or medical needs which require accommodation or allergies of which we should be aware of (i.e. vegetarian diet, allergies to food or medicines, academic accommodation plan)

RELEASE FORM: I authorize release of my academic transcript and medical, disciplinary, and other records maintained by Hobart and William Smith Colleges to those program administrators responsible for selecting program participants and safeguarding their health and well-being. This release is valid up until the date of departure for the program. I also understand that upon admission into a program, I will be required to submit a medical clearance from my physician attesting to my physical and emotional fitness for the program.

YOUR SIGNATURE _____ DATE _____

Advisor approval

NOTE TO STUDENT: You must obtain your advisor's signature before handing in this form, so please get this well in advance of the deadline. If your advisor is not on campus this semester, you should speak to the Chair of the department.

NAME OF ACADEMIC ADVISOR _____

NOTE TO ADVISOR: Your signature represents your approval of this student's participation in this program, and your assessment that participation will not compromise progress toward meeting major, minor, or graduation requirements.

SIGNATURE OF ACADEMIC ADVISOR _____ DATE _____

List two personal references from the faculty, administration or staff (they do not need to provide a written reference unless we contact them):

1) _____ Phone _____

2) _____ Phone _____

ESSAY GUIDELINES – Respond to the following questions completely, but in no more than two single-spaced pages. The essay must be typed and attached with a paper clip (no staples!) to this application. REMEMBER TO PUT YOUR NAME ON THE ESSAY!

- How will participation in this program help you meet your academic goals? How does this program relate to your major and/or minor requirements?
- What qualifications do you have for participation in this program (language training, relevant coursework completed, on campus activities and organizations)?
- Why do you think you are particularly well-prepared to spend a semester living in a different culture?

DEADLINES

For Fall '07 HWS programs: **October 6, 2006**

For Spring '08 HWS programs: **March 2, 2007**

PLEASE NOTE: APPLICATIONS ARE DUE BY 5PM ON THE DATES LISTED ABOVE. APPLICATIONS RECEIVED AFTER 5PM WILL BE AUTOMATICALLY WAITLISTED.