



## Application for Study Abroad

Trinity College encourages students to take advantage of the wide array of study abroad options available to them. In addition to enriching and contextualizing a Trinity education, spending a term, semester, or year abroad can be an invaluable experience for personal growth. To qualify for study abroad, a student must have a minimum GPA of 2.5 and be in good academic standing.

### The Application Process

1. Students should complete this application form including the following materials:
  - A transcript of all work completed at Trinity (this may be an unofficial transcript).
  - A typed two-page statement of purpose.
  - A Degree Completion Form signed by the student's advisor and major Program Chair.
  - A signed Release Form.
2. Students must obtain recommendations from three (3) faculty members, including the Program Chair of the student's major program, the student's advisor, and one other faculty member, preferably a language instructor.
3. Students are responsible for fulfilling all application requirements of the sponsoring study abroad program.
4. Students are further responsible for meeting all financial obligations to Trinity College as well as the sponsoring program. For students receiving financial aid, a Consortium Agreement Form must be completed.

### Questions

If you have any questions or comments, please contact the Assistant Dean for Academic Affairs at:

Tel: 202/884-9205

Fax: 202/884-9229

Email: [acadaffairs@trinitydc.edu](mailto:acadaffairs@trinitydc.edu)

Please return this application and all supporting materials to:

The Assistant Dean for Academic Affairs  
Main 167  
Trinity College  
125 Michigan Avenue, N.E.  
Washington, D.C. 20017-1094

## Personal Data

Last Name			First Name			Middle Name		
Social Security Number			Birth Date					
Campus Street Address								
City			State			Zip Code		
Permanent Street Address								
City			State			Zip Code		
Daytime Area Code and Telephone Number			Evening Area Code and Telephone Number			Email Address		
Country of Citizenship			Permanent Resident? Yes/No			Visa Type		
Name of Individual to Contact in an Emergency			Relationship		Daytime Phone		Evening Phone	

## Trinity College Record

Major(s)		GPA		Credits Completed (do not include current course load)	
Advisor		Anticipated Date of Graduation		Current Course Load	

## Study Abroad Program Information

Name of University or Organization Sponsoring Program						
Name of Program Director		Street Address		City	State	Phone Number
Program Location (Country and City)						

Indicate the semester(s) for which you plan to study abroad: Year 20  Fall  Spring  Summer  
 May Term  Winter Term

## Statement of Purpose

Please attach a two-page, typed essay that explains the rationale for your decision to study abroad. Please include: 1) The reason you have chosen the study abroad program designated in your application; 2) The academic significance of the study abroad program to the completion of your Trinity Degree; 3) The specific ways in which the study abroad program will enhance your major program; and 4) a statement of assurance that you understand your responsibility to the college regarding meeting the requirements for graduation upon your return and your responsibility to fulfill all requirements for transfer of credit and receipt of your official transcript to Trinity College. You may include additional information relevant to your application to study abroad.

## Faculty Evaluators

You must provide an evaluation from three faculty members. These evaluators should be Trinity faculty members if at all possible. It is recommended that you obtain an available from the Program Chair of your major program, one from your advisor, and one from another faculty member, preferably a language instructor. It is your responsibility to provide your evaluators with ample time to complete their recommendations. Please list the names of your evaluators below:

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Major Program Chair

Academic Program

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Advisor

Academic Program

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Faculty Member

Academic Program

## Trinity College is an Honor Community

All members of the Trinity community, students, faculty, and staff are expected to uphold a way of life that embraces personal integrity and responsibility, the foundation of the Honor system. The Honor System has been part of Trinity since 1913. Upon joining the Trinity community, each student, faculty and staff agree to adhere to this Honor System which is listed in the college catalog and discussed during student orientation. Acceptance to a study abroad program constitutes agreement to abide by the Trinity College Honor Code:

*“I realize the responsibility involved in membership in the Trinity College community. I agree to abide by the rules and regulations of this community. I also affirm my intention to live according to the standards of honor, to which lying, stealing, and cheating are opposed. I will help others to maintain this responsibility in all matters essential to the common good of the community.”*

## Applicant's Certification

*I hereby certify that the information I have provided in and included with this application is complete and accurate.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

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FOR OFFICE USE ONLY



## Courses Planned for Study Abroad

Please list the courses you plan to take in your study abroad program. Since it is impossible to forecast scheduling changes at the host institution, it is often best to have some courses in reserve; mark these with an asterisk. If a course fulfills a major requirement or FLC/Core Curriculum requirement, the appropriate Program Chair must indicate approval on this form. Attach additional pages if necessary.

EXAMPLE:			
<u>ENGL325</u>	<u>6</u>	<u>Milton Seminar (Honors)</u>	
Course #	Credits	Course Title	
		<u>3 cr. major author req. + 3 cr. elective</u>	<u>[initial]</u>
		Trinity Equivalent	Program Chair's Approval

<u>Course #</u>	<u>Credits</u>	<u>Course Title</u>	
		<u>Trinity Equivalent</u>	<u>Program Chair's Approval</u>

<u>Course #</u>	<u>Credits</u>	<u>Course Title</u>	
		<u>Trinity Equivalent</u>	<u>Program Chair's Approval</u>

<u>Course #</u>	<u>Credits</u>	<u>Course Title</u>	
		<u>Trinity Equivalent</u>	<u>Program Chair's Approval</u>

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		<u>Trinity Equivalent</u>	<u>Program Chair's Approval</u>

<u>Course #</u>	<u>Credits</u>	<u>Course Title</u>	
		<u>Trinity Equivalent</u>	<u>Program Chair's Approval</u>

## Certification

Deviation from this plan may affect the student's receipt of financial aid and/or anticipated date of graduation. Courses not listed on this form will not necessarily be approved to fulfill curricular or major requirements. All individuals who sign below should retain a copy of this form.

\_\_\_\_\_  
Student's Signature Period of Study Abroad

\_\_\_\_\_  
Advisor's Signature Period of Study Abroad

\_\_\_\_\_  
Advisor's Signature (if different from Program Chair above) Period of Study Abroad

\_\_\_\_\_  
Financial Aid Officer's Signature Period of Study Abroad

\_\_\_\_\_  
Assistant Dean's Signature Period of Study Abroad



## Study Abroad Permission and Release Form

### Student Data

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Student's Name	Period of Study Abroad
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Student's Advisor	Location of Study Abroad Program
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### Emergency Contact Information

(This Section must be completed by the student's parent or legal guardian if the student is under 21 years of age).

### Personal Data

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Last Name	First Name	Relationship to Student
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Street Address
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City	State	Zip Code
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Daytime Area Code and Telephone Number	Evening Area Code and Telephone Number	Email Address
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### Parent/Guardian Permission Statement (for students under 21)

I DO/ DO NOT (circle one) give my permission for \_\_\_\_\_ (student name) to study in \_\_\_\_\_ (location of study) with \_\_\_\_\_ (program name) during the academic period \_\_\_\_\_ (semester).

### Release Statement (for all students)

I hereby release Trinity College and its officers and agents from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of any travel or activity conducted while studying abroad.

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Student's Signature	Date
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Parent/Guardian Signature (Required for Students under 21)	Date
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## Study Abroad Evaluation Form 1

### To Be Filled Out by the Student

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Student's Name Period of Study Abroad

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Sponsor of Study Abroad Program Location of Program

### Student Waiver

Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it was prepared.  YES  NO.

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Student's Signature Date

### To Be Filled Out by the Evaluator

You are being asked to evaluate the personal qualities, academic work, and, if appropriate, language proficiency of the above-named applicant for a study abroad program. If the Student Waiver statement above has not been agreed to and signed, submit this evaluation only if you are willing to allow the applicant to read it in its entirety; otherwise please return the blank form promptly to the applicant.

Since the people who select the participants may not have personal contact with the applicants, your frank and thoughtful evaluation will aid in the selection of the students who will be able to cope with and benefit best from a study abroad program. We would, therefore, appreciate your careful assessment of this student's intellectual ability and academic motivation, past performance, maturity, and potential for successfully adjusting to life and study in a foreign country.

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Evaluator's Name Academic Program Telephone

Please return this form to the Assistant Dean of Academic Affairs (x9205), 167 Main Hall.

### Evaluation

Please use the following chart to rate the applicant in relation to others you have known at comparable stages in their academic careers

Student Characteristics	Lower 50%	Upper 50%	Upper 25%	Upper 10%	No Basis for Comparison
General ability and potential					
Responsibility for turning in assignments					
Regular class attendance					
Self-motivation and aptitude for independent study					
Ability to adapt to new environments and pressures					
Use of good judgment					
Sensitivity to others and their cultural differences					

## Other Comments

Please add any remarks that would help in the evaluation of this candidate. Feel free to comment specifically on the applicant's academic performance, knowledge of the way of life of the country chosen, ability to adjust, or moral and ethical maturity. Attach a separate sheet if desired.

## Overall Recommendation

Please provide an overall recommendation for this student by checking one of the boxes below.

I recommend the applicant for this study abroad program.

I recommend the applicant for this study abroad program with some reservations.

I do not recommend the applicant for this study abroad program.

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Evaluator's Signature

Date



## Study Abroad Evaluation Form 2

### To Be Filled Out by the Student

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Student's Name Period of Study Abroad

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Sponsor of Study Abroad Program Location of Program

### Student Waiver

Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it was prepared.  YES  NO.

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Student's Signature Date

### To Be Filled Out by the Evaluator

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Regular class attendance					
Self-motivation and aptitude for independent study					
Ability to adapt to new environments and pressures					
Use of good judgment					
Sensitivity to others and their cultural differences					

## Other Comments

Please add any remarks that would help in the evaluation of this candidate. Feel free to comment specifically on the applicant's academic performance, knowledge of the way of life of the country chosen, ability to adjust, or moral and ethical maturity. Attach a separate sheet if desired.

## Overall Recommendation

Please provide an overall recommendation for this student by checking one of the boxes below.

I recommend the applicant for this study abroad program.

I recommend the applicant for this study abroad program with some reservations.

I do not recommend the applicant for this study abroad program.

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Evaluator's Signature

Date



## Study Abroad Evaluation Form 3

### To Be Filled Out by the Student

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Student's Name Period of Study Abroad

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Sponsor of Study Abroad Program Location of Program

### Student Waiver

Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it was prepared.  YES  NO.

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Student's Signature Date

### To Be Filled Out by the Evaluator

You are being asked to evaluate the personal qualities, academic work, and, if appropriate, language proficiency of the above-named applicant for a study abroad program. If the Student Waiver statement above has not been agreed to and signed, submit this evaluation only if you are willing to allow the applicant to read it in its entirety; otherwise please return the blank form promptly to the applicant.

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Evaluator's Name Academic Program Telephone

Please return this form to the Assistant Dean of Academic Affairs (x9205), 167 Main Hall.

### Evaluation

Please use the following chart to rate the applicant in relation to others you have known at comparable stages in their academic careers

Student Characteristics	Lower 50%	Upper 50%	Upper 25%	Upper 10%	No Basis for Comparison
General ability and potential					
Responsibility for turning in assignments					
Regular class attendance					
Self-motivation and aptitude for independent study					
Ability to adapt to new environments and pressures					
Use of good judgment					
Sensitivity to others and their cultural differences					

## Other Comments

Please add any remarks that would help in the evaluation of this candidate. Feel free to comment specifically on the applicant's academic performance, knowledge of the way of life of the country chosen, ability to adjust, or moral and ethical maturity. Attach a separate sheet if desired.

## Overall Recommendation

Please provide an overall recommendation for this student by checking one of the boxes below.

I recommend the applicant for this study abroad program.

I recommend the applicant for this study abroad program with some reservations.

I do not recommend the applicant for this study abroad program.

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Evaluator's Signature

Date

## CONSORTIUM AGREEMENT

The Financial Aid Office of \_\_\_\_\_ (Host School) and the Office of Student Financial Services of Trinity College will enter into a consortium agreement for:

Student: \_\_\_\_\_ SSN: \_\_\_\_\_

Semester: \_\_\_\_\_ 20 \_\_\_\_\_

Program: \_\_\_\_\_

### HOST SCHOOL CERTIFICATION

- The host school certifies that the student has been accepted for enrollment and that the program meets federal financial aid requirements.
- The host school agrees to notify Trinity College if the student fails to enroll or withdraws from the program.
- The host school agrees not to provide payment to the student under the federal financial aid programs.

Enrollment Period: From: \_\_\_\_\_ To: \_\_\_\_\_ Enrollment Status: Full Time: \_\_\_\_\_  
Half Time: \_\_\_\_\_  
Less than Half Time: \_\_\_\_\_

#### Student Expenses:

Tuition & Fees: \_\_\_\_\_  
Room & Board: \_\_\_\_\_  
Books & Supplies: \_\_\_\_\_  
Travel: \_\_\_\_\_  
Personal: \_\_\_\_\_  
**Total:** \_\_\_\_\_

Institutional Award: \_\_\_\_\_

Disbursement should be directed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Host School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TRINITY COLLEGE CERTIFICATION

- Trinity College agrees to provide payment to the student, if eligible, under the Pell Grant, Stafford Loan, and/or PLUS Loan programs as appropriate.
- The student is enrolled in a degree-seeking program and is maintaining satisfactory academic progress.
- The credits earned at the host school are transferable to Trinity College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Trinity College**  
**125 Michigan Avenue, NE**  
**Washington, DC 20017**  
**(202) 884-9530**  
**Fax: (202) 884-9524**