

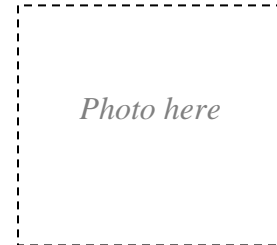


## APPLICATION FORM

**EUStudyAbroad**  
 5439 West Lawrence Avenue  
 Chicago, IL 60630  
 United States of America

**Application Checklist**

- Application form completed in full
- Non-refundable \$70 application fee (check or money order made out to EUStudyAbroad)
- Copy of your most recent academic transcript
- Letter of recommendation
- Housing application
- Proof of ID ( photocopy of either passport, drivers license or student ID card.



**PERSONAL DATA**

Full Name \_\_\_\_\_  
first middle last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
month day year city state country

Permanent Address \_\_\_\_\_  
number street city state zip

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_  
area code number area code number

Local Address \_\_\_\_\_  
number street city state zip

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_  
area code number area code number

E-mail address \_\_\_\_\_

To which address would you like all correspondence from EUStudyAbroad (EUS) sent?  Permanent address  Local address

Social Security # \_\_\_\_\_  Male  Female

Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

Issued by \_\_\_\_\_ Issued on \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_  
issuing country month day year month day year



**ABOUT THE PROGRAM**

Please, state how you found out about this program:

- www.studyabroad.com       www.studyabroadlinks.com       www.iiepassport.org       GoAbroad.com
- Study Abroad Express       Local Newspaper       Study Abroad Office       Study Abroad Fair
- Teacher/advisor       Search engine, please specify \_\_\_\_\_
- EUS campus representative: \_\_\_\_\_  
name of representative
- Former EUS participant : \_\_\_\_\_  
name of former participant
- Other, specify: \_\_\_\_\_

Please, summarize your expectations from studying abroad \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please, summarize your expectations from this EUS program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, do certify the above information to be accurate  
name of student or guardian (print)

Date:

Signature:



HOUSING APPLICATION FORM

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Housing Options: (Late applicants may not be assigned their housing choice) Please check the options below using 1, 2, and 3 to indicate your order of preference.

- Student dorm Homestay Apartment with local Students\*

\*Note: students who choose to stay in apartments with local students must pay a monthly utility fee in the amount of \$70.

Do you have any allergies to: pets -- cats dogs birds? Yes No. If yes, please specify: \_\_\_\_\_

Houseplants? Yes No. If yes, please specify \_\_\_\_\_

Other allergies? Yes No. If yes, please specify \_\_\_\_\_

Would you mind living with children? Yes No.

Smoking in some parts of the world today is as popular as it was in the US in the 1950's. We will do our best to accommodate you. The smoking laws abroad can be far less stringent than in the US; would you mind living in a smoking environment?

Yes No.

Is there anything you would like us to be aware of? \_\_\_\_\_

Date and signature: \_\_\_\_\_ (Guardian signature if applicant is a minor)

This section is for EUStudyabroad use
Name of staff in charge:
Assigned Housing: Student dorm Homestay Apartment with local Students
Housing Address:
Phone:



CONFIDENTIAL LETTER OF RECOMMENDATION

TO THE APPLICANT:

◆ Please write your name legibly in the space below before giving this letter of recommendation to the person of your choice. This recommendation should be transmitted to us directly by the evaluator.

Applicant's first and last name:

◆ Please specify the location of the program you are applying for:  Grenoble  Florence  Santander  Vejer

Indicate program : \_\_\_\_\_ session : \_\_\_\_\_

TO THE EVALUATOR:

The person whose name appears above is applying to a study abroad program with EUStudyabroad (EUS). We are looking for candidates with excellent intellectual capacities, adaptability and willingness to accept responsibilities. Your candid assessment of the applicant will greatly assist the overall evaluation of the candidate's application. We thank you for taking the time to fill out this questionnaire. Please note that your comments will be kept completely confidential. We would ask you to please forward this form to the address below at your earliest convenience.

EUStudyAbroad, 5439 West Lawrence Avenue, Chicago, IL 60630, United States of America

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Position : \_\_\_\_\_

Tel : (\_\_\_\_\_) \_\_\_\_\_ e-mail: (\_\_\_\_\_) \_\_\_\_\_
area code number area code number

Mailing Address: \_\_\_\_\_
Number Street City State Zip

◆ How long have you known the applicant? Under what circumstances have you known the applicant? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

◆ Please briefly describe the applicant's principal strengths: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

◆ Please briefly describe the applicant's principal weaknesses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

◆ Please indicate on the grid below the rating which best describes your opinion of the applicant.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Evaluation Criteria</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Weak</b>	<b>Do Not Know</b>
Intellectual Curiosity						
Ability to work in a team						
Willingness to assume responsibility						
Ability to accomplish objectives						
Professionalism						
Communication in English						
Creativity and resourcefulness						
Analytical abilities						

◆ Is the candidate capable of studying this program in another country?  yes  no

◆ What is your overall opinion of the candidate?  Very favorable  Favorable  Unfavorable

**Date:**

**Signature and Stamp:**

*Please attach your business card*