**APPLICATION For Direct Enrollment**

International Programs and Services

Yoakley Hall, Box 70668

Johnson City, TN 37614

Ph. (423) 439-7737, Fx. (423) 439-7131  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | |  | | | | | | | |  | First Name: | | | | |  | | | | | |
|  | | | | |  | | | | | | | |  |  | | | | |  | | | | | |
| Email: | |  | | | | | | | | | | | | | |  | E-Number: | | | |  | | | |
|  | |  | | | | | | | | | | |  |  | | | | |  | | | | | |
| Phone Number: | | | | | |  | | | | | | | | | |  |  | |  | | | | | |
|  | |  | | | | | | | | | | |  |  | | | | |  | | | | | |
| Local Address | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | |
| Permanent Address: | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | |  | | | |  | | | | | | |
| Class Level: | | | Freshman | | | | | Sophomore | | | | | | | Junior | | | Senior | | | | | Graduate | |
|  | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |
| Expected Graduation Date (MM/YY): | | | | | | | | | | |  | | | | | | |  | | | | |  | |
|  | |  | | | | | |  | | | | | |  | | | |  | | | | | | |
| Major: |  | | | | | | | |  | Minor: | |  | | | | | | | |  | | GPA: | |  |
|  |  | | | | | | | |  |  | |  | | | | | | | |  | |  | |  |
| Date of Birth: | | | |  | | | | | | | | Citizenship: | | | | |  | | | | | | | |

**Emergency Contact**

Please list a contact that should be notified in case of an emergency

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Relationship to you: | | | |  |
|  |  | | |  | | | |  |
| Home Phone: | |  | Cell Phone: | | | |  | |
|  | |  |  | | | |  | |
| Work Phone: | |  | Email: | |  | | | |
|  | |  |  | | |  | | |

**Study Abroad Program Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study Abroad Program/School Name: | | | | |  | | | | |
|  | | | | |  |  | | |  |
| Country: | | |  | | | Program Start Date: | |  | |
|  | | | | |  |  | | |  |
| Program Contact Person: | | | |  | | | Phone: | |  |
|  | | | | |  |  | | |  |
| Email: | |  | | | |  | | |  |
| Personal Statement:  In 500-800 words, please explain why you want to study abroad and how it will contribute to your degree at ETSU. | | | | | | | | | |
|  | Click here to begin typing | | | | | | | | |

**Academic Reference**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
|  | |  |
| Phone: |  | |
|  | |  |
| Email: |  | |
|  | |  |
| Academic Department: | |  |
|  | |  |

**Study Abroad Academic Reference Form**

**To be completed by Applicant**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
|  | |  |
| Reference request form: | |  |
|  | |  |

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended) students are permitted access to certain educational records. Section 438(a)(2)(b) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

|  |  |
| --- | --- |
|  |  |

Applicant’s signature Date

**To be Completed by Reference**

1. Please comment in a reference letter on the applicant in terms of the following: (a) academic suitability for study at an institution abroad; (b) personal suitability for living abroad; (c) how participation in the program will be of benefit, both academically and personally; (d) weaknesses; (e) linguistic preparation, if applicable; and (f) any other factors that you believe may affect a successful experience.

2. Please indicate the applicant’s ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Below Average | Average | Above average | Excellent | Inadequate opportunity to observe |
| Knowledge in area of specialization |  |  |  |  |  |
| Motivation and seriousness of purpose |  |  |  |  |  |
| Ability to plan and carry out research/ independent study |  |  |  |  |  |
| Ability to express thoughts in speech and writing |  |  |  |  |  |
| Emotional stability and maturity |  |  |  |  |  |
| Self-reliance and independence |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | |  |
| Signature of individual providing the reference | | Date |
|  |  | |
| Name (please print or type) | Position or title | |
|  |  | |
| Telephone | Email | |

Please return this form with comments to: Patricia Lin-Steadman, Study Abroad Coordinator, Box 70668