Clemson University
Study Abroad Programs

Application instructions
Please read these instructions completely.

ELIGIBILITY

Clemson University Study Abroad Programs are open to sophomores, juniors, seniors, graduate students and appropriately prepared first year students. Students must be in good academic standing and good conduct standing at Clemson or their home institution, have a minimum grade point average of 2.5 (2.75 and higher preferred), and normally at least one year of college-level coursework at the time of application. (In some instances, students with grade point averages below 2.5 will be considered.) You should be open to new ideas, enthusiastic and serious about learning in another culture, flexible, adaptable, culturally sensitive, respectful of program rules, and willing to be challenged both in and out of the classroom.

APPLICATION PROCEDURE

- Complete this application (pp. 2-7). You will probably also need to complete an application for the specific third-party provider program or institution to which you are applying.
- If you are a non-Clemson student, request official transcripts from the registrar at all colleges and universities you have attended. Transcripts should be sent to the address given below. For summer programs, submit the transient student application (undergrad or grad, as applicable) from: http://www.registrar.clemson.edu/html/transient.htm. For non-summer programs contact our office for appropriate student application forms.
- Clemson students may submit an unofficial transcript, unless notified otherwise by the Clemson Study Abroad Office.
- Request an academic reference from a university professor or academic advisor who knows you well. Complete the top section of the Academic Reference Form and then ask your reference to complete the remainder of the form and return it to us (pp. 8-9).
- All materials should be returned to: Clemson Study Abroad Office E-301 Martin Hall; Clemson, SC 29634 Phone: 864.656.2457 Fax: 864.656.6468 Email: abroad-L@clemson.edu

ADMISSIONS

Admission decisions are made by the third party provider or the Clemson University faculty member leading the Study Abroad Program. Students are accepted on a rolling basis until programs reach capacity. You must be accepted for admission and participation by Clemson University and by the third-party provider or other institution to which you are applying.

DEADLINES

Applications are due by:
- March 1 (or earlier) for Fall Semester & Summer Sessions
- October 1 (or earlier) for Spring Semester

Applications may be accepted after the deadline if spaces remain.

Last Revised: January 2014

PRE-DEPARTURE ORIENTATION

For all study abroad programs, you are required to attend a pre-departure orientation at Clemson University. Your particular program may also supply other pre-departure orientation materials to which you should pay careful attention. The program may also offer an on-site orientation.

DEPOSIT AND BILLING

Applications for some programs require a deposit. If you are using a third-party program the deposit is normally paid directly to the third party program. For students studying abroad on a Clemson faculty-led program, a deposit is due with the application.

The standard deposit for a Clemson faculty-led program is $250; however, some programs have smaller or larger deposit requirements. Deposits can be made using personal check, money order or cashier’s check made payable to Clemson University. Deposits for Clemson faculty-led programs are non-refundable—unless you are not accepted or the program is cancelled. Programs are often required to make commitments, such as travel arrangements, well in advance of the start date; therefore, program fees may not be refundable in the event of withdrawal. Notification of withdrawal must be in writing. See our complete refund policies at http://www.clemson.edu/studyabroad/finance.html.

Clemson University Study Abroad fee is assessed through the normal student accounts billing process. The 2013-2014 study abroad fee is $654 for semester programs, $300 for non-Clemson summer programs, and 10% in-state tuition for Clemson faculty-led programs.

SPECIAL SERVICES

If you require special services because of a disability, you should notify the Clemson University Study Abroad Office (864-656-2457) immediately. If possible, we would like at least 90 days prior notice so that we have sufficient time to address your needs prior to departure.

PASSPORT

You must have a passport that is valid for at least six months after the program ends. If you do not, you should apply for one immediately. Wait times for passports (both new and renewals) can vary significantly depending on when you apply. You can find information regarding the passport application process, as well as forms, on the U.S. State Department’s website: http://travel.state.gov/content/passports/english.html

VISAS

Some countries require a visa in addition to a passport. You are responsible for determining if a visa is required and obtaining a valid visa. Requirements and procedures will vary by country. The U.S. Department of State provides information on entry and exit requirements in its country specific information sheets: www.travel.state.gov/travel/cis_pa_tw/cis/cis_4965.html. Visit the website of the embassy of your destination country to determine visa requirements and locations of consulates.
Application

Program Information

Name of Program: ________________________________

(Provide specific name)

Name of Third-Party Provider or Institution:

________________________________________________

If this is a faculty-led program, name of Clemson faculty director:

________________________________________________

City of Program: ________________________________

Country(ies) of Program: __________________________

Check one:

☐ Fall Semester

☐ Spring Semester

☐ Full Academic Year (Fall & Spring)

☐ Summer Session

Program Dates: ________________________________

Personal Information

Name: ____________________________________________

first           middle           last

☐ M   ☐ F    Date of birth ____________________________

    month/day/year

Clemson University ID number: ________________________

Country of citizenship: ____________________________

Place of birth: ________________________________

Student Status

☐ freshman  ☐ sophomore  ☐ junior  ☐ senior

☐ Master’s  ☐ Doctorate

Note: If you are a Clemson student within 43 hours of graduation you should contact undergraduate academic services/864-656-3022/E-103 Martin Hall regarding a waiver of the 37/43 residency policy.

Expected graduation date: __________________________

Home College/University: __________________________

Major: ___________________ GPR/GPA: ____________

Preferred email address: __________________________

Alternate email address: __________________________

MAILING ADDRESS

________________________________________________

street
city state postal code

Telephone number______________________________

area code

EMERGENCY CONTACTS

Parents/guardians will be contacted in the event of a medical emergency or other emergency.

PARENT/GUARDIAN #1 (or other emergency contact)

☐ Mr.  ☐ Ms.  ☐ Mrs.  ☐ Other_____________________

Name ________________________________

Address ______________________________________

       street
city state postal code

Home telephone ________________________________

area code

Business telephone ______________________________

area code

Email address ________________________________

PARENT/GUARDIAN #2 (or other emergency contact)

☐ Mr.  ☐ Ms.  ☐ Mrs.  ☐ Other_____________________

Name ________________________________

Address ______________________________________

       street
city state postal code

Home telephone ________________________________

area code

Business telephone ______________________________

area code

Email address ________________________________
ADDITIONAL INFORMATION
Be as informative as you can, but confine your remarks to this page. This form will be photocopied, so it is important that your answers are in black ink and are legible.

Are you planning to participate in an internship? □ yes □ no

If you are participating in an internship, will you receive academic credit? □ yes □ no

List the courses in which you are currently enrolled.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

List the courses which you plan to take as part of this program and how you will benefit academically from this program.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Indicate your ability in languages other than English (Note: Most programs do not require foreign language ability.):

<table>
<thead>
<tr>
<th>Language</th>
<th>Speaking ability</th>
<th>Comprehension</th>
<th>Years studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>□ Rudimentary</td>
<td>□ Functional</td>
<td>□ Conversant</td>
</tr>
<tr>
<td>________</td>
<td>□ Rudimentary</td>
<td>□ Functional</td>
<td>□ Conversant</td>
</tr>
</tbody>
</table>

How did you hear about this study abroad program?

☐ Communication from Study Abroad Office
☐ Advising appointment with Study Abroad Office
☐ Posters or advertisements on campus
☐ Information session
☐ Study Abroad Fair
☐ From your academic department/faculty members
☐ From a friend
☐ Clemson Study Abroad social media
☐ Clemson Study Abroad Website
☐ Other (please specify) ________________________________
Release of Information

Information contained in this application, Clemson University academic information and your Clemson University behavior/conduct record will be used to evaluate your suitability for study abroad. It will be shared with Clemson University program staff, faculty, or other appropriate Clemson University administrators/officials as pertinent to the study abroad program or the safety of related personnel or participants.

Family Educational Rights and Privacy Act (FERPA) Release – If you would like Clemson University to disclose this study abroad application or other academic records to your emergency contacts or to a third party, please indicate below.

I DO ☐; DO NOT ☐ authorize the release of any information related to my study abroad program to the individuals listed on page 1 (parent/guardian #1 (or other emergency contact) and parent/guardian #2 (or other emergency contact) of this application. This information may include, but is not limited to, application materials, travel, lodging and flight information, health and safety records, academic records, course transfer information, and financial aid records. List below any additional or other individuals to whom you would authorize release of this information.

1. Name: ___________________________; Relationship: ___________________________
   Address: ___________________________; Phone: ___________________________
   Email address: ___________________________

2. Name: ___________________________; Relationship: ___________________________
   Address: ___________________________; Phone: ___________________________
   Email address: ___________________________

I also DO ☐; DO NOT ☐ give permission to release this study abroad application and any other academic records requested by the third party provider identified below. These records are being provided in order to support my request to participate in the third party provider’s study abroad program. PLEASE NOTE: If you do not grant permission to Clemson University to release records required by a third party provider, the third party provider may not accept you into its program.

Third Party Provider Name: ___________________________

Contact Name: ___________________________

Address: ___________________________

E-mail Address: ___________________________

Phone: ___________________________

This permission to disclose student education records is in effect until the conclusion of the Program and transfer of any academic credits from the Program is complete or until it is rescinded in writing by me.

I understand that I am entitled to a copy of records so disclosed upon request.
Community Standards

Clemson University is committed to maintaining a safe environment for all members of our community and ensuring that Clemson University students represent Clemson University in a positive light. All applicants must answer the questions below. Your application will not be processed without these responses. An affirmative answer to any of these questions will not automatically bar admission to the Program, but may require further review. You are required to provide an explanation for each instance you answer YES. The statement will be used in the review process.

1. Have you ever been subject to any academic sanctions or probation by Clemson University, your current institution (if a non-Clemson student), or any other institutions which you previously attended? NO ☐ YES ☐
   If so, please explain:

2. Have you ever been convicted of a crime other than a minor traffic violation? NO ☐ YES ☐
   If so, please explain:

3. Are there any criminal charges currently pending against you? NO ☐ YES ☐
   If so, please explain:

4. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, an Alford plea to a criminal charge, or a plea under a first offender act? NO ☐ YES ☐
   If so, please explain:

5. Do you currently have disciplinary charges (non-academic or academic) pending against you from a high school, college, university, or other postsecondary educational institution? NO ☐ YES ☐
   If so, please explain:
6. Have you ever been suspended or expelled for any reason from a high school, college, university, or other postsecondary educational institution?  NO ☐  YES ☐  
   If so, please explain:

7. Do you have a restraining order, order of protection, or any other form of legal injunction pending against you in any jurisdiction?  NO ☐  YES ☐  
   If so, please explain.

Affirmation of Application

I affirm that all my statements on this application form are complete and accurate. I agree to all terms contained in this application including but not limited to the FERPA release. If I am accepted by Clemson University to participate in a study abroad program, I agree to follow its rules and regulations, and to complete additional paperwork and supply additional information as necessary for carrying out the program. I understand that if I provide false information on this application, it is grounds for denying me admission to a Study Abroad Program.

I understand that student selection is based on a variety of factors and criteria and may differ across programs. The Clemson Study Abroad Office, the third party provider, and/or the program director have the right to make the final decision regarding acceptance into the program.

I further understand that all Clemson University policies, rules, standards of conduct and instructions for student behavior apply while I am studying abroad.

Signature of Applicant: __________________________________________ Date: ________________________
Name of Applicant: ________________________________

Clemson University Study Abroad Office

Conditions of Participation: Release and Indemnification Agreement

In consideration of being allowed to participate in a Clemson University Study Abroad Program or other Clemson University sponsored or approved overseas experience (hereafter referred to as “the Program”), I, ________________________________, hereby agree to the following terms and conditions:

1. I am an adult, 18 years of age or older.

2. I understand and acknowledge that Clemson University, the Program staff, the Director and Co-Director have the authority to establish rules specific to and necessary for the operation of the Program. I further understand that all Clemson University policies, rules, standards and instructions for student behavior apply while I am studying abroad. I agree to abide by all of these rules, policies, standards, instructions, etc. while participating in the Study Abroad Program.

3. I understand that I will be a guest in a host country, and it is essential that I become informed of, understand and respect norms of conduct and patterns of behavior that may be different from standards at home. Acceptable behavior includes and requires compliance with local laws and regulations, host university policies and regulations (including local housing regulations and policies, and adherence to the social patterns of the local housing placement) and the local community.

4. As a participant in the program, I recognize that my conduct can influence the educational and other benefits intended by the program, both for other participants and myself. I agree to conduct myself in a manner that will support mutually beneficial interactions with other participants and hosts. Any behavior that, in the judgment of the Program staff, Director or Co-Director, causes pain or discomfort to others or that reflects discredit on me, Clemson University, my home institution or the Program is considered unacceptable and may subject me to immediate administrative action including, but not limited to, immediate dismissal from the Program and return home (at my expense).

Examples of behavior while on the Program that may lead to immediate administrative action by the Program Staff, Director or Co-Director include, but are not limited to, illegal drug use, abuse of alcohol, failure to attend class and/or other required academic activities, hitchhiking, unauthorized absence from the Program, unauthorized changes in housing, or arrest for infractions of local laws.

I agree to abide by these rules and understand that the Program has the right to dismiss me from the program at any time if in the judgment of the Program Staff, Director or Co-Director there has been a violation of such rules, disruptive behavior, or conduct which could jeopardize the integrity of the Program or bring the Program into disrepute. I understand further that a decision to dismiss me from the Program will be final and no refund will be made. I also understand that due to the circumstances of study abroad programs, procedures for notice, hearing and appeal normally applicable to student disciplinary proceedings may not be available.

5. I understand and agree that I am ultimately responsible for securing all necessary travel documents (e.g., passport, visa, etc.) for the Program. My failure to so do will not constitute grounds for a refund except according to the normal refund policies established by the Program.

6. I understand and agree that there will be times during the Program when I will not be under the direct supervision of Program personnel. I understand and hereby declare that the Program will have no responsibility for me during these times, or during any time I am absent from the Program sponsored activities, or if I choose to enter or remain in the country(ies) either before or after the Program officially begins or ends.

7. The Program reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to or after departure, if the Program determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

8. I understand and agree that my withdrawal, departure or dismissal from the Program prior to its formal completion will result in forfeiting the deposit and will require me to forfeit payments as outlined in the refund policy. I certify I have read and understand the Study Abroad Program refund policy located at: [http://www.clemson.edu/academics/programs/study-abroad/finances/costs.html](http://www.clemson.edu/academics/programs/study-abroad/finances/costs.html)

9. I also understand and acknowledge that there are inherent health risks associated with living, studying and traveling abroad, and I agree that I am personally responsible for obtaining all health information, medications, medical procedures, immunizations, and prophylactic medications appropriate to the Program and to my personal medical situation, and for consulting a physician prior to departure for any supplemental advice. I understand and agree that the Program cannot make any promises or guarantees with regard to any health or safety risks which I may incur as a result of my participation in the Program. I understand that I am required to purchase study abroad insurance that meets or exceeds the insurance coverage available through Clemson University during my participation in the Program.

I am physically and mentally capable of participating in the Program. In the event of severe illness or injury that renders me incapacitated and unable to make my own decisions abroad, I authorize representatives of the Program to request medical intervention and diagnosis, which may include hospitalization, and secure any necessary medication and treatment, including the administration of anesthetic and surgery (at my expense).
10. I understand that study abroad involves risk not usually found on a domestic campus. These risks may include, but are not limited to delay, inconvenience, change of itinerary, lost luggage or other property that may occur in connection with travel and accommodation arrangements; accident expense, or damage to person or property, or otherwise in connection with lodging, transportation or other services; any damage or expense resulting directly or indirectly from any acts of God, acts of government or other authorities, wars, hostilities, civil disturbances, terrorism, strikes, riots, thefts, epidemics, quarantines, sickness, weather, and medical or customs regulations; and any loss or damage resulting from improperly issued passports or visas. There are also risks related to traveling to, from and within one or more foreign countries including but not limited to differing standards in other countries of design, safety and maintenance of buildings, public places and transportation systems; local medical, health, safety, and weather conditions; differing cultural concepts of sex and sexual health; crime; natural disasters; vehicle (car, bus, train, plane and other vehicles) and road safety; water and/or food quality; civil disturbances; terrorist attacks, and political unrest. These risks could result in personal injury, loss of life, or property damage. Despite these risks, I choose to voluntarily participate in this study abroad program with full knowledge that foreign travel may be hazardous to me and/or my property.

11. Knowing the risks described above, and in consideration of being permitted to participate in the Program, to the maximum extent permitted by law, I, on behalf of myself, my heirs and personal representatives assume all risks and responsibilities surrounding my participation in the Program. I hereby release Clemson University and its Board of Trustees, officers, employees, successors and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the Program and/or travel or activity conducted by or under the control of Clemson University or any cooperating institution, agency or entity. This includes periods in transit to or from any country where the Program is being conducted.

12. I understand that Clemson University reserves the right to make changes in the Program’s itinerary, and that the Program may substitute excursions and activities, as well as lecture and site visits without liability.

13. I agree that I will abide by all policies and regulations established by the host institutions and obey local laws and ordinances. I understand that I am subject to the laws and penalties of the country (or countries) I am visiting. I understand that Clemson University bears no responsibility for providing me with legal assistance.

14. I agree that Clemson University and the host institutions may use photographs and multi-media images of me taken during the program for marketing and academically related purposes.

15. I agree that this agreement, release and indemnification shall be governed by South Carolina law and that any litigation related to the Program shall be brought in Pickens County in the State of South Carolina.

16. I understand that Clemson University does not represent or act as an agent for, and cannot control, the acts or omissions of any host institutions, or of any other cooperating institutions, agencies, entities or providers involved in this Program.

17. I further agree to indemnify and hold harmless the Program, Clemson University Board of Trustees, Clemson University, and their officers, employees, successors and agents, and any cooperating institution, agency or entity and their officers, employees, successors and agents for any liability (including injury or death of any person(s) and damage to property) that may result from my negligence or intentional act or omission while participating in the Program.

18. I HAVE CAREFULLY READ AND UNDERSTOOD THE FOREGOING AND I AGREE TO THE CONDITIONS DESCRIBED ABOVE AND HEREIN. I UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON(S) AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

_______________________________________     ____________________________
Signature of Participant       Date

IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT SIGNATURE IS ALSO REQUIRED:

I, (printed name)______________________________, am the parent or legal guardian of the student who has signed above. I have read and I understand the Provisions of this document, I consent to the participant taking part in the Study Abroad Program, and I fully enter into and agree to all of the above terms on behalf of my child including but not limited to the above Assumption of Risk and Release from Liability and the indemnification provisions.

_______________________________________     ____________________________
Signature of Parent or Legal Guardian       Date
Health Information

The purpose of this form is to help Clemson University be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Clemson University may not be able to accommodate all individual needs or circumstances. This information will also be used to share unidentified data with the Institute of International Education.

This information does not affect your admission to the program, and if you so choose, you may complete the form at a later time; however, it must be completed at least 60 days prior to departure.

Race/Ethnicity:
___White ___ Hispanic or Latino/a ___Black or African American ___Asian/Native Hawaiian or Pacific Islander ___American Indian or Alaska Native ___Multiracial ___Other

Medical History

Yes ___ No ___ 1. Are you generally in good physical condition? (If no, please explain.)

Yes ___ No ___ 2. Do you have allergies? (If yes, please explain.)

Yes ___ No ___ 3. Are you taking any medications? (If yes, list and explain.)

Yes ___ No ___ 4. Have you had any major injuries, surgeries, diseases or ailments in the past five years that would adversely affect your participation in the program? (If yes, please explain.)

Yes ___ No ___ 5. Do you have any dietary restrictions? (If yes, please explain.)

Yes ___ No ___ 6. Is there any additional medical information which would be helpful for the program director to be aware of during your study abroad experience? (If yes, please explain in detail).

Do you have a documented disability? If so, please check all that apply.
☐ Sensory Disability (hard of hearing, deaf, low vision, blind, or are deaf/blind)
☐ Physical Disability (amputee, cerebral palsy, spina bifida, paraplegia, uses wheelchair, etc.)
☐ Mental Disability (anxiety disorder, bipolar disorder, depression, schizophrenia, etc.)
☐ Attention Deficit Disorder or Learning Disability (dyslexia, auditory processing, etc.)
☐ Other Disability (brain injury, speech impediment, health-related disability, autism, etc.)

I affirm that all responses made on this Health Information form are true and accurate, and I will notify the Clemson Study Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant ___________________________________________ Date ______________________
Academic Reference Form

TO THE STUDENT:
Please complete the top section of this form and ask a professor or academic advisor to complete the reference section or attach a letter of reference. (In rare instances, you may be asked to submit a second academic reference.) Personal references may be submitted only as additional support. [Note: The reference form is not required if you are participating in an “embedded” (e.g. spring break) program as part of a primarily on-campus course in which you are already enrolled.]

Name: _______________________________________________________________________________________
first middle last (nickname)

Study Abroad Program: __________________________________
☐ Fall Semester; ☐ Spring Semester; ☐ Summer Session

Current address: _________________________________________________________________________________________
street city state postal code

Home Institution: _________________________________________________________________________________________

Telephone: ____________________________________ Email: __________________________________________
area code

Under Section 438, General Education Provisions Act (Public Law 90-247), you have the right to review materials submitted to the university in connection with your application. This law also allows you to waive this right if you so choose, with the understanding that confidential recommendations are not required in the admissions process.

Please check one and sign:
☐ I do not waive my right of access to this recommendation.
☐ I do waive my right of access to this recommendation.

Signature: _________________________________________________________ Date: _________________________________

TO THE FACULTY MEMBER or ACADEMIC ADVISOR COMPLETING THIS REFERENCE:

Clemson University Study Abroad Programs expect students to learn from traditional academic methods as well as field-based experiences and to synthesize these approaches. Students are involved in challenging cross-cultural situations, both in and out of the classroom. To succeed, the applicant must have a high degree of academic and personal motivation and the ability to adjust to people of different social and cultural backgrounds; therefore, we ask for your candid appraisal in enabling us to determine whether the applicant is appropriate for this kind of program and, if so, to help him or her obtain the most from the experience. If you prefer, we will accept a letter in lieu of this form.

Please return to:
Clemson Study Abroad Office
E-301 Martin Hall
Clemson, SC 29634
FAX: 864.656.6468; Email: abroad-L@clemson.edu

How long and in what capacity have you known this student? _________________________________________________
_________________________________________________________________________________________________________

Name: ____________________________________ ; Title: ____________________________________
Institution: ____________________________________ ; Department: ____________________________________
Address: ____________________________________
street city state postal code
Telephone: ____________________________________ Email: ____________________________________
area code

Signature ___________________________________________ Date: _________________________________.
In comparison with other students you have known, please rate the applicant on the following characteristics:

<table>
<thead>
<tr>
<th>Writing Ability</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to express himself or herself orally</td>
<td></td>
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<tr>
<td>Foreign language ability (if known)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ability to cope with ambiguity</td>
<td></td>
<td></td>
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<tr>
<td>Ability to adjust to and cope with unusual/uncomfortable situations</td>
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<td>Ability to work with a group of peers</td>
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<tr>
<td>Common sense and good judgment</td>
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</tbody>
</table>

I [ ] would or [ ] would not welcome this student as a participant if I were the director of the program.

Please explain: ____________________________________________

What are this student’s intellectual and/or other strengths relevant to studying abroad?

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

What are this student’s intellectual and/or other weaknesses that might be relevant to studying abroad?

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Please comment on the student’s motivation for studying abroad. Does he or she have the ability and maturity to achieve his or her goals in studying abroad?

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Additional comments

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

If you have questions please contact:
Clemson Study Abroad Office
E-301 Martin Hall
Clemson, SC 29634
Telephone 864.656.2457  FAX: 864.656.6468  Email: abroad-L@clemson.edu