



WROXTON

**SEMESTER IN
WROXTON, ENGLAND**

**APPLICATION
PACKET**

Name _____
last first (as it appears on your passport) M.I.

RWU ID Number _____

Semester of participation:

- fall

spring 20 ____

summer

Instructions

Complete all parts of this application as well as all parts of the Center for Global and International Program's (CGIP) *Application for Admission*. Return all the items listed in the checklist below to CGIP.

Application Checklist All the following items must be returned to CGIP:

- Completed CGIP Application for Admission
 - This Statement Page completed in full and signed
 - Academic Recommendation Form: This form must be completed by one of your college/university professors who has direct experience with your academic work and your personal ability to be successful in this educational program. This form is included in this application packet.
 - Essay: A typed, clear, thoughtful, carefully prepared essay must be submitted with this application. It should not be more than 2-3 double spaced pages. Include your name and signature on the essay as well as the program name, semester and year for which you are applying. Your essay should address why you have chosen this particular program; what your goals for participation are and how the program will help you achieve these goals; how you plan to incorporate this experience into your academics, personal life and career goals; and what interests you about the host country and its culture.
 - Housing Request Form: Complete in full and sign. This form is included in this application packet.
 - Seven passport-size (1-1/2" x 2") photos: Print your name on the back of each. They must be on photo paper and are in addition to any photos needed for the CGIP *Application for Admission* and your passport application. They do not have to be identical to the picture in your passport and will be used for your visa, student ID card and application files.

Review of your application will begin as soon as all parts are received. Decisions regarding acceptance will be based on a judicial and academic background review.

Agreement

I understand that: 1) submitting an application for this program does not guarantee acceptance; 2) I must meet program requirements and be approved by the CGIP; 3) participation is subject to availability; 4) some courses and programs fill up early; 5) the program or individual courses may be cancelled due to low enrollment or other factors and I will be informed of such situations before the planned departure date or as soon as possible after the adverse circumstances that cause cancellation; 6) my disciplinary records will be reviewed and will be a factor in evaluating my application; 7) I must complete the CGIP Application for Admission in full before I can be considered; and 8) I am responsible for a \$50 non-refundable application fee and a \$600 deposit as stipulated on the CGIP Application for Admission.

I hereby release and forever discharge Roger Williams University and Fairleigh Dickinson University/Wroxtton College, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation in the program. I further covenant and agree that for the consideration stated above I will not sue Roger Williams University or Fairleigh Dickinson University/Wroxtton College, their members individually, their officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in this program.

I hereby authorize officials at any educational institution that I have attended, including Roger Williams University, to release my academic and disciplinary records (including but not limited to records maintained by the Registrar, the Department of Housing, and/or the Office of Academic Affairs) to the Center for Global and International Programs.

I further acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for dismissal without compensation from the study abroad program.

Student Signature _____ Date _____

To the student:

Please fill out the top section of this form and then give it to a faculty referee who is familiar with your performance in the classroom and who can attest to your potential to succeed academically and personally in an education abroad program. Print clearly.

Name _____			_____			_____		
last			first			M.I.		
street address _____				E-mail address _____				
apt./box # _____				Major(s) _____				
city _____			state _____			zip _____		
Local phone: () _____			Study abroad program _____					
Permanent phone: () _____			City & country _____					
						Semester & Year of participation _____		

Check ONE of the following statements and then sign below:

- I hereby forgo any claim to access to letter of reference written on behalf of my application to the Roger Williams University study abroad program written above.
- I do not wish to forgo any claim to access to letter of reference written on behalf of my application to the Roger Williams University study abroad program written above.

Signature of Participant _____

Date _____

To the academic referee completing this form:

How long have you known the applicant?
In what capacity?

DURATION

- continuous contact
- infrequent contact
- no contact since _____
- only through records

CAPACITY *Check all that apply*

- student in a large class
- student in a small class
- advisee
- employee

Area to Rate	Excellent	Above Average	Average	Below Average	Unknown
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Tolerate Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Personal Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, does this applicant exhibit the maturity, responsibility, dependability, independence, motivation, and an openness to new experiences necessary for success in an education abroad experience?

YES NO

Most programs abroad lack the structure of a typical U.S. college/university environment. In your estimation, is this student self-reliable and mature enough to perform well in this type of program?

YES NO

Additional Remarks

This candidate's application will not be complete until we receive this form. Please sign and return it promptly in a sealed/signed envelope to the Center for Global and International Programs.

Signature _____ Date _____

Name _____ Title _____

Department _____ Campus phone _____

Campus fax _____ E-mail address _____

Please return to the Center for Global and International Programs in a signed/sealed envelope.

Roger Williams University
Center for Global and International Programs
One Old Ferry Road
Bristol, RI 02809

Phone: 401-254-3899
Fax: 401-254-3575
E-mail: cgip@rwu.edu
Web: www.rwu.edu/global

Name _____ Date of Birth _____
last first M.I.

MALE FEMALE Program _____ Term _____

The purpose of this form is to help the Center for Global and International Programs to 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 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 program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The Center for Global and International programs may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program.

Medical History

- YES NO 1. Are you generally in good physical condition?
(if no, please explain)
- YES NO 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems?
(if yes, please explain)
- YES NO 3. Do you have any allergies?
(if yes, please explain)
- YES NO 4. Are you taking any medications?
(if yes, please explain)
- YES NO 5. Have you had any major injuries, diseases or ailments in the past five years?
(if yes, please explain)
- YES NO 6. Are you a vegetarian or are you on a restricted diet?
(if yes, please explain)
- YES NO 7. Do you have a documented learning disability with Roger Williams University?
(if yes, please describe your disability and the accommodations you would need)
- YES NO 8. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience?
(if yes, please explain)

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Center for Global and International Programs hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____

Date _____

Each student attending the Wroxtton program can enroll in:

INTERNATIONAL STUDIES CORE CONCENTRATION

Students attending the Florence program who elect an **International Studies Core Concentration** must enroll in **ITAL 101** and:

- 1) may enroll in up to four additional courses that focus on the culture or civilization of Italy (A minimum of 9 credits towards the **International Studies Core Concentration** must be taken while in Florence)
- 2) may enroll in up to two additional courses on the Bristol campus if he/she did not complete five courses for the the **International Studies Core Concentration** while in Florence

NOTE:

- 1)The courses used in an **International Core Concentration** may not be used to fulfill any RWU major requirement
- 2)For further information on the International Studies Core Concentration, visit: www.rwu.edu/global

