Dear Applicant,

Thank you for your interest in UMass Boston’s special international, study abroad and study away programs. This application form asks for information program faculty must have in order to make an informed decision about your acceptance into the program. This application also requires you to sign a “Consent and Release” form as a pre-condition of participation. Please fill the application out carefully and completely and return it to us as soon as possible since the number of students accepted into each of the programs is limited. Your application will be reviewed as soon as we receive all of the necessary documents.

We look forward to having you as participant. In the meantime, if you have any questions, I can be reached at tel: 617.287.7876 and emailed at: erika.white @umb.edu

If you have specific academic questions, we advise you to contact the specific program’s faculty director listed on the program’s webpage.

Erika White
Assistant Director, International Programs
College of Advancing and Professional Studies
University of Massachusetts Boston
Wheatley Bldg, 2nd floor, Room 203
Tel: 617.287.7876
erika.white @umb.edu

1. PROGRAM SELECTION

Semester: _____ Summer _____ Winter _____ Fall _____ Spring Year: 20_______

Which program are you applying to: ____________________________________________

I will be taking this course for academic credit or as an Auditor (non-credit), if available: _____ Credit _____ Audit

I will be taking the optional Independent Study (if applicable): _____ Yes _____ No

I am a member/veteran of the U.S. Armed Forces: _____ Yes _____ No

I am an international student on an F-1 or J-1 visa: _____Yes _____No

How did you hear about this program? ____________________________________________

Note: Applications received after the deadline will be considered if space is available. However, because of space limitations, students are encouraged to apply as soon as possible. Please do not wait until the deadline. Applications will be considered in the order in which they are received.

Please be advised that international programs are subject to change, slight or major, at any time due to circumstances beyond our control; this includes any and all fees, dates, itinerary, and program activities. The Program Director will do his/her reasonable best to inform all applicants of any changes in as timely a manner as possible.
2. PERSONAL INFORMATION
(NOTE: IF ACCEPTED, WE WILL CONTACT YOU TO OBTAIN YOUR SOCIAL SECURITY # FOR REGISTRATION PURPOSES.)

NAME ________________________________ GENDER____________________

STUDENT ID NUMBER (if applicable) ________________________________

DATE OF BIRTH____________________ (MM/DD/YYYY)

EMAIL ________________________________

MAILING ADDRESS
Street __________ City/Town __________ State __________ Zip __________

PHONE
Home: (xxx)xxx-xxxx Work: (xxx)xxx-xxxx Cell: (xxx)xxx-xxxx

HOME ADDRESS
Street __________ City/Town __________ State __________ Zip __________

NAME OF INSTITUTION PRESENTLY ATTENDING________________________

MATRICULATED: YES NO MAJOR:____________________________

CLASS STANDING, year: 1st 2nd 3rd 4th graduate post-graduate

CURRENT JOB OR PROFESSION ________________________________

3. PERSON TO CONTACT IN AN EMERGENCY

NAME ________________________________ RELATIONSHIP________________________

ADDRESS
Street __________ City/Town __________ State __________ Zip __________

PHONE
Home: (xxx)xxx-xxxx Work: (xxx)xxx-xxxx Cell: (xxx)xxx-xxxx

4. HEALTH INSURANCE INFORMATION
Please note: You must show proof of health insurance coverage prior to your stay abroad.

INSURANCE COMPANY______________________________________________

POLICY NUMBER__________________________________________________
5. **A NOTE CONCERNING ACCOMMODATIONS**

Please provide below any special requests or other relevant information about yourself regarding accommodations: (For example: allergy to foods, insects, etc.)

6. **TRANSCRIPT** *(Not necessary for pre-vetted CM & CEHD Graduate Program student or if waived on the program’s webpage)*.

Please enclose an up-to-date transcript (an unofficial copy is acceptable – it does not have to be official) or equivalent qualifying document.

7. **DO YOU HAVE A PASSPORT?**

Please note: a passport is not required to travel to Puerto Rico but is required for all other destinations.

Yes*  ☐   No ☐

*If yes, please enclose a copy of your passport.

Please note: a passport is required to travel to most international destinations. Please check the program’s webpage for information about countries to be visited or passed through, and verify for yourself how your nationality is viewed by other foreign countries, and whether you are required to obtain a visa.

8. **GOALS AND OBJECTIVES LETTER OF INTEREST AND INTENT**

Please write a brief statement outlining what has motivated you to travel, and discuss what you would like to accomplish in the study abroad/away program. Incorporate into your statement a self-assessment of your ability to work as a member of a group. Also include any relevant background or pertinent experience.

For applicants to Summer Institute in Northern Ireland: Lessons in Community Peacebuilding: Please include a CV or resume.

If you are applying to the program, *Paris: a Living Textbook*, please also answer the following question: Répondez à cette question en français. Expliquez pourquoi vous voulez participer à ce séjour intensif en France. Qu’est-ce qui vous fait penser que vous êtes un bon candidat pour ce séjour ? Dans votre réponse, n’hésitez pas à mentionner votre expérience avec le français, vos études universitaires et vos activités extracurriculaires. (200 mots)

Please use a separate sheet and submit with completed application form.

9. **LETTER OF RECOMMENDATION** *(Not necessary for CM & CEHD Graduate Program students. Summer Institute in Northern Ireland: Lessons in Community Peacebuilding requires two letters.)*

Please include with this application, or have forwarded to us, a letter of recommendation from a professor or other pertinent individual who can provide a character reference and/or an assessment of your academic standing. Email is acceptable. Indicate the recommender’s contact information below to enable us to follow up if necessary. The letter of recommendation does not need to be submitted at the same time as the general application, but must be received before the deadline date.

A recommendation form is included in this application.
Name of recommender__________________________________________________________

Institution_____________________________________________________________________

Phone ___________________________ Email__________________________________________

(____)_____ _____

10. PAYMENT

Upon your acceptance into the program you have chosen, we will notify you and begin the registration and billing process. Each program has a unique fee structure. Most programs require one payment be directly made to a travel vendor for logistical services; and a second payment directly to UMass Boston for tuition fees. Also, the round trip airfare is usually the responsibility of the participants. Please review the program’s webpage for details. Full payment is generally required before the actual program start date. Unless otherwise stated, the program fee does not include transportation to and from the destination abroad, or medical insurance. Be advised that some fees, such as for books, ground transport, some meals, etc., are not always included in the program fee.

11. CERTIFICATION BY APPLICANT

Terms and Conditions:

a) The University of Massachusetts Boston does not assume responsibility for any sickness or accident incurred by the student during his or her stay in country, nor does the University provide any casualty or health insurance. Participants are required to provide proof of health insurance coverage before registering in these programs. Persons with disabilities interested in these programs should contact the Office of Diversity and Inclusion at 617.287.4818, or at diversity@umb.edu.

b) Important: Before you depart on your program you will be required to complete a Consent and Release form through the Office of Global Programs, and submit a copy of your passport (if applicable). If we do not have these documents on file before your departure date you will be unable to travel.

Addendum: Photo Permissions:

______ (initials) I hereby grant the University of Massachusetts Boston permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the University in perpetuity, and for other use by the University. I will make no monetary or other claim against the University of Massachusetts Boston for the use of the interview and/or photographs/video.

By signing below, I certify that information on this form is true and complete to the best of my knowledge, and that I have read and understand the terms and conditions above.

_____________________________________________________
SIGNATURE OF THE APPLICANT/
Date (MM/DD/YY)

SIGNATURE OF THE PARENT OR GUARDIAN (if applicant is under 18)
PLEASE RETURN COMPLETED APPLICATION TO:

Erika White
Assistant Director, International Programs
College of Advancing and Professional Studies
University of Massachusetts Boston
Wheatley Bldg, 2nd floor, Room 203
Tel: 617.287.7876
erika.white@umb.edu

CHECKLIST:

Have you completed/enclosed the following:

☐ Transcript, or equivalent (Unless waived. See program webpage.)
☐ Copy of Passport
☐ Statement of Goals, Objectives, or Letter of Interest and Intent
☐ Letter(s) of Recommendation (Not necessary for CM Graduate Program students.)
☐ Signed and Completed Application
☐ Initialed Photo Permissions clause
LETTER OF RECOMMENDATION

To be completed by the applicant:

Applicant’s Name ________________________________

Selected Program ________________________________

Application Deadline ______________________________

TO THE RECOMMENDER

Thank you in advance for taking a moment to the faculty leaders in making an acceptance decision. Please state briefly in what capacity and for how long you have known the applicant, and comment on the student’s ability to relate to other people, participate as part of team, and to profit from travel in a foreign country. Please add any other comments you deem appropriate. You may submit your letter of recommendation in-person or via email or post. Using this form is not necessary.

PLEASE MAIL, EMAIL, or SCAN-TO EMAIL RECOMMENDATION TO:

Erika White
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University of Massachusetts Boston
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