

**LOYOLA UNIVERSITY NEW ORLEANS**  
**APPLICATION FOR EXCHANGE PROGRAM/SEMESTER STUDY ABROAD**

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Program year and term 200\_\_ – 200\_\_  Year Long  Fall Semester  Spring Semester

Check program desired: <input type="checkbox"/> ISEP (Do not write the Personal Statement but attach this application to the ISEP application) <input type="checkbox"/> Sophia University, Tokyo, Japan <input type="checkbox"/> Keele University, Keele, United Kingdom (Spring only) <input type="checkbox"/> Nijmegen University, Nijmegen, The Netherlands(Spring only) <input type="checkbox"/> Dortmund University, Dortmund, Germany <input type="checkbox"/> The Abbey Program, Pontlevoy, France <input type="checkbox"/> E.S.C.E., Paris, France* <input type="checkbox"/> ESADE, Barcelona, Spain* <input type="checkbox"/> ICADE, Madrid, Spain* <input type="checkbox"/> Instituto de Empresa (IE), Madrid, Spain* <input type="checkbox"/> Université Catholique de Louvain, Louvain-la-Neuve, Belgium* *Indicates College of Business Exchanges
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Please include the following documents with your application:

1. Application for Exchange Program/Study Abroad
2. Personal Statement
3. Foreign Language Evaluation if enrolling in content courses in foreign language (Form attached. ISEP Applicants should use ISEP Form.)
4. Two Academic Recommendation (Form attached. Sophia applicants should use Sophia recommendation form. ISEP Applicants should use ISEP Form)
5. Transcript
6. Study Abroad Student Release (Form attached - must be returned prior to final acceptance to program.)
7. Study Abroad Emergency Information (Form attached - must be returned prior to final acceptance to program.)

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**PERSONAL INFORMATION**

Name(Exactly as it appears in passport): \_\_\_\_\_  
Last Name First Name Middle Initial

Student I.D.# \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number and Street City State Zip

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number and Street City State Zip

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

**If you do not have a passport, apply for one!!!**

Passport Number: \_\_\_\_\_ Country: \_\_\_\_\_

Date Passport Expires: \_\_\_\_\_ Date Passport Issued \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

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**ACADEMIC INFORMATION**

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Current Classification:     Freshman  Sophomore  Junior     Senior     Graduate  Other

Classification at beginning of proposed study abroad program.

Freshman  Sophomore  Junior     Senior     Graduate  Other

Cumulative GPA in all college courses: \_\_\_\_\_

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**ADDITIONAL INFORMATION**

Have you ever been placed on academic or disciplinary probation?     Yes     No

(If yes, please explain on a separate sheet of paper.)

Have you ever been convicted of a felony or a criminal offense?     Yes     No

(If yes, please explain on a separate sheet of paper.)

**PLEASE NOTE:** The Center for International Education will be happy to discuss health care concerns you may have related to study abroad. Because of the particular challenges, both mental and physical, that integration into a new culture and learning environment place on an individual, if you are currently receiving treatment for any chronic illness, it is strongly recommended that you talk over plans to manage your health condition abroad with a physician, psychologist, or counselor, or with a professional off campus.

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**PERSONAL STATEMENT**

On a separate sheet(s), submit a typed 300-500 word (no more than two pages) essay which includes (1) A brief autobiography, emphasizing your education; (2) Why you wish to study abroad, including your academic, professional, personal goals for studying abroad; and (3) How will this program help you meet your career goals. If there is anything about your academic record or other information in your application that you would like to explain, please do so in your Personal Statement.

I certify that to the best of my knowledge, the information contained in this application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Loyola University New Orleans Exchange Program Language Evaluation Report

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## TO BE COMPLETED BY THE APPLICANT

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

Native Language(s): \_\_\_\_\_

Language for which this report is being submitted: \_\_\_\_\_

1. What coursework have you taken, including courses in progress, in or related to this language? List name of course, brief description and grade received, if applicable. (Use a separate sheet of paper if necessary.)

2. What other experiences have you had in this language? (e.g., spoken at home, read journals/newspapers, etc.)

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## TO BE COMPLETED BY A PROFESSIONAL LANGUAGE INSTRUCTOR

Loyola students participating in exchange programs matriculate directly into host institutions and should be able to follow university lectures in the foreign language, participate in seminar discussions, take notes and understand written materials in their field. The willingness of host institutions to accept future participants will be determined by the performance of the participants selected. Your opinion of the applicant will be of great assistance to the selection process. It is important that your comments be detailed and frank. Thank you for your assistance.

1. Please comment on the applicant's present language ability

### *Aural Comprehension*

- None
- Limited to slow, uncomplicated sentences
- Understands Simple Conversation
- Understands conversation on simple academic topics
- Understands sophisticated discussion of academic topics

### *Writing Ability*

- None
- Writes simple sentences on conversational topics, with some errors in spelling and structure
- Writes on academic topics with few errors in structure and spelling
- Writes with idiomatic ease of expression and feeling for the style of the language

### *Speaking Ability*

- None
- Can only frame structurally simple, short phrases
- Uses basic grammatical structure, speaking with limited vocabulary
- Uses structural patterns, but not with consistent accuracy; adequate to participate in conversational topics
- Has control over structural patterns; can handle a wide range of conversational situations

*Reading ability*

- None
- Limited to simple vocabulary and sentence structure
- Understands conversational topics and non-technical subjects
- Understands material that contain idioms and specialized terminology
- Understands sophisticated materials, including those in proposed field of study

2. What is your opinion of the applicant's ability to pursue university level coursework in this language alongside native speakers?

- Will require considerable training before necessary competence can be attained
- Should be able to manage adequately after some additional formal language training
- Should be able to manage adequately after a short period of adjustment abroad
- Should have no difficulty

3. Please add any additional comments relating to the applicant's linguistic ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Please return to:

Center for International Education, Loyola University New Orleans, 6363 St. Charles Ave., Box 205, New Orleans, LA. 70118, Fax: (504)-864-7548. Or return to Mercy Hall Room 308

**LOYOLA UNIVERSITY NEW ORLEANS STUDY ABROAD/EXCHANGE PROGRAM  
LETTER OF REFERENCE**

Name of Applicant: \_\_\_\_\_

Major: \_\_\_\_\_ For study at: \_\_\_\_\_

Reference Requested from:

\_\_\_\_\_  
Name Title Department

I hereby authorize \_\_\_\_\_ to complete this form and ask that the form be sent directly to Center for International Education. I understand that this document will be used to evaluate my qualifications for a Loyola study abroad/exchange program and will be part of my application file. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation.  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by referrer**

1) How long have you known the applicant and in what capacity?

2) In evaluating the applicant, please give your opinion of his/her personal or professional qualifications for study abroad and promise of future growth. Please comment specifically on his/her academic preparation for the study he/she proposes to undertake and give your estimate of his/her ability to adjust to new and perhaps difficult living situations. *Please type or write neatly.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

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**LOYOLA UNIVERSITY NEW ORLEANS  
STUDY ABROAD /EXCHANGE STUDENT RELEASE, ASSUMPTION OF RISK, INSURANCE AND RESPONSIBILITY  
STATEMENT**

In consideration of my being permitted to participate as a student in a Loyola Study Abroad/Exchange or other International Program, administered by Loyola University New Orleans, I do hereby release Loyola University New Orleans, its Board of Trustees, officers, agents, affiliates and/or employees from liability related to my participation in the Program and assume the risks as follows:

1. I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to myself, I hereby authorize Loyola, by and through its authorized representative(s), employee(s), or agent(s) in charge of said program to secure transportation and/or medical treatment deemed needed or necessary, including but not limited to medical evacuation, administration of anesthesia, surgery, and/or repatriation. It is understood that such transportation and/or medical treatment shall be solely at my expense, and I agree to reimburse Loyola for any expenses that it might suffer on account of said injury, illness, transportation, medical treatment and/or related matters. Any health care provider rendering health care pursuant to this authorization shall be entitled to treatment consents given by the Loyola representative(s), employee(s), or agent(s). Treatment consents given by such person(s) are in the same manner as if given by the undersigned. A copy of this authorization may be used in place of the original.

2. I expressly agree to indemnify and hold harmless Loyola, its Board of Trustees, its officers, its agents, affiliates, faculty, and/or employees (each in their official and/or individual capacities) from any and all claims and causes of action for damage to or for loss of property, personal illness or injury, and/or death arising out of travel and/or any activity whether or not conducted by, through, or under the control of Loyola with regard to the aforesaid program.

3. I understand that international travel may expose me to serious risks of injury, illness or death, such hazards include, but are not limited to, road travel hazards, terrorist attack, natural disasters, abduction/kidnapping, criminal or sexual assault, communicable illnesses, and the like. Though exposure to these risks is never directly intentional, I realize that these hazards exist and I absolve Loyola, its Board of Trustees, officers, agents, affiliates, faculty, and/or employees from any responsibility and liability in this regard.

4. I understand that as an American (or other) citizen in a foreign country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with these laws and with the rules and regulations listed in the Loyola University New Orleans Student Handbook, all specific program policies, general Study Abroad policies and any other rules given to me during this program. I understand that Loyola University New Orleans, through its Program Director(s), authorized representative(s), employee(s), and/or agent(s) has the authority to discontinue my participation in the program, if in their judgment, my conduct is unacceptable.

5. I further understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including but not limited to withdrawal caused by illness or disciplinary action by representative(s) of Loyola. I understand that Loyola retains the right to change the program at any time for any reason and that the University will not be responsible for losses or expenses. Loyola also retains the right to cancel the program at any time and require the participants to return to the U.S. if conditions in the host country pose heightened potential danger to the student.

6. Opportunities for individual travel are plentiful. However, I understand that Loyola undertakes no responsibility or liability for the participant when he/she is traveling during the course of the study/exchange program abroad nor for the participant's independent travel before the beginning or after the close of the program.

7. I understand that it is essential that students have medical insurance and medical evacuation insurance that would cover a medical emergency abroad. Therefore, I also certify that I have health and hospitalization insurance which is applicable overseas, including insurance coverage for emergency medical evacuation and repatriation of remains.

8. I have read and understand the above provisions and agree to be bound thereby.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Date

**LOYOLA UNIVERSITY NEW ORLEANS**  
**STUDY ABROAD EMERGENCY INFORMATION**

*To be completed by students on Loyola exchange/semester programs and returned to the Center for International Education, Mercy Hall Room 308 prior to final acceptance in your program. Information can also be faxed to (504)864-7548. If you have any questions regarding this form, please call CIE at (504)864-7550.*

**Please print clearly:**

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

Program: \_\_\_\_\_

Location: \_\_\_\_\_

- Copy of Passport is attached
- Study Abroad Release is attached
- Proof of insurance is attached (**Must include medical evacuation and repatriation and world wide assistance.**)

Please provide two emergency contacts and phone numbers

1. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Home Phone Number Cell Phone Number

2. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Home Phone Number Cell Phone Number