

Study Abroad Program Application - CEFAM

Name _____ E-Mail _____

Date of Birth _____ TUID # _____ Citizen of _____ Gender _____

Home/Permanent Address _____

_____ Phone _____

Campus/Temporary Address _____

_____ Phone _____

Fall Semester _____ Spring Semester _____ Academic Year _____

College _____ Major _____

Minor _____ Class Status: Sophomore ___ Junior ___ Senior ___

How many semesters of French have you had at the university level? _____ High School? _____

Other languages spoken and level of proficiency _____

Please describe any previous international experiences including places and length of stay: _____

Scholarships or grants currently received (Please provide source and amount): _____

References: List the two faculty members to whom you have given the Letter of Reference form.

a) _____

b) _____

Emergency Contact (Name, Relationship, Address, Phone, email): _____

Official transcript(s) of all previously completed college-level work must be submitted in support of this application

CEFAM Application

Please include a personal statement describing yourself and your career goals (your personal and intellectual history, special interests and abilities, future plans, etc.) and a concise but comprehensive summary of the program you would pursue at CEFAM, and how this fits into your program at Temple.

How did you learn about Temple's CEFAM Study abroad Program?

Signature of Applicant: I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION PERSONALLY AND THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Applicant Signature _____ Date _____

CEFAM Application

Letter of Reference (1)

Name of Applicant _____

Field of Study _____

Reference Requested from: _____

Name

Title

Department

I hereby authorize _____ to complete this form and ask that the form be sent directly to IGMS/CIBER, Temple University. I understand that this document will be used to evaluate my qualifications for the CEFAM study abroad 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

TO BE COMPLETED BY REFEREE

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 participation in a study abroad program, adaptability, and promise of future growth. Please comment specifically on his/her academic and/or linguistic preparation for the study he/she proposes to undertake.

Signed _____ Date _____

Title _____ Department _____

CEFAM Application

Letter of Reference (2)

Name of Applicant _____

Field of Study _____

Reference Requested from: _____

Name

Title

Department

I hereby authorize _____ to complete this form and ask that the form be sent directly to IGMS/CIBER, Temple University. I understand that this document will be used to evaluate my qualifications for the CEFAM study abroad 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

TO BE COMPLETED BY REFEREE

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 participation in a study abroad program, adaptability, and promise of future growth. Please comment specifically on his/her academic and/or linguistic preparation for the study he/she proposes to undertake.

Signed _____ Date _____

Title _____ Department _____

Please return to: IGMS/CIBER, 349 Speakman Hall, Temple University, Philadelphia, PA 19122, 215-204-5076