



**Study Abroad Program Application
CEFAM**

A copy of a valid passport must be included with your application

Name _____ EMail _____

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

Home/Permanent Address _____

_____ Phone _____

Campus/Temporary Address _____

_____ Phone _____

College _____ Major _____

Minor _____ Class Status: Sophomore ___ Junior ___ Senior ___

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): _____

Students do not need to submit an official transcript as long as they have completed at least one semester of study. Transfer students who have not completed a semester at Temple, must submit official transcript(s) of all previously completed college level work must be submitted in support of this application.

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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 how the CEFAM program fits into your program at Temple.

How did you learn about Temple CIBER's Study abroad Program in Lyon at CEFAM?

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 _____

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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 Fox School of Business. I understand that this document will be used to evaluate my qualifications for Temple CIBER's study abroad program through CEFAM 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 preparation for the study he/she proposes to undertake.

Signed _____ Date _____

Title _____ Department _____

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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 Fox School of Business. I understand that this document will be used to evaluate my qualifications for Temple CIBER's study abroad program through CEFAM and will be part of my application file.

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Signed _____ Date _____

Title _____ Department _____