



University of Georgia Study Abroad Program Application
Study Abroad in Ireland: Developmental Disabilities
May 30 – July 14 2012

Instructions: (Make a copy of this document for your reference and submit original.)

- Return complete application by **JANUARY 20, 2012** to:
David L. Gast, Ph.D, Director, Study Abroad in Ireland: Developmental Disabilities
Dept. of Communication Sciences and Special Education
516 Aderhold Hall
University of Georgia
Athens, Georgia 30602-7153
- NOTE: Early application recommended as space is limited; review of applications begins Nov. 15
- Submit all of the following materials together.
- Only complete applications will be considered. References can be sent separately (see below).

Make sure the following items are included in the materials you return:

- All pages of the completed and signed application (including this one and required essay, p.4)
- 1 *official copy* of your UGA transcript (*If applicable*) from the UGA Registrar's Office
- 1 *official transcript* from any other colleges you have attended.
- 2 reference forms or letters. (**Note: At least one reference must be from your current academic program. It is the applicant's responsibility to secure references by the deadline. References may be included or forwarded by the referee.**)

I understand that submitting an application for a study abroad program does not guarantee acceptance into the program. Candidates must meet program requirements and be approved by the program's Director/Co-Director. Participation is also subject to availability; this program may fill up early.

I further understand that the program or individual courses may be cancelled due to low enrollment or other factors. I understand that I will be informed of such a decision no later than 6 weeks before planned departure date or as soon as possible after any adverse circumstances that cause the program to be cancelled. I understand that if I am accepted into this program, I will pay UGA tuition for the hours taken, the mandatory technology and institutional fees for the term, and a separate program fee for room and board, program tour and event expenses, etc.

Student Name _____ Signature _____ Date _____

Note: If accepted into the Study Abroad in Ireland: Developmental Disabilities program, students should refer to the website for specific details: <http://www.coe.uga.edu/saireland>

For Study Abroad Program Use Only:

Date Received _____ Missing Items _____
Application Fee _____ NA for this program _____ Decision _____



Personal and Academic Information (note: all information is kept strictly confidential and secured)

Social Security Number _____

Full Name _____

Preferred Name _____

Birth Date _____ Age _____ Sex: ___ M ___ F

Mother/guardian's Name _____

Father/guardian's Name _____

Are you a Georgia Resident? ___ Yes ___ No

Are you on financial aid (including HOPE) ___ Yes ___ No

What types? _____

Your current college/university _____

GPA _____ GPA in major _____

Major(s) _____

Minor(s) _____

Academic Level* ___ 1st year ___ 2nd year ___ 3rd year ___ 4th year ___ Master's ___ Ph.D.
(*during Study Abroad)

Campus Address _____

_____ Phone _____

E-mail **(school email required)** _____

Permanent Address _____

_____ Phone _____

Citizenship _____ Passport Number _____

Date of Issuance _____ Passport Agency _____ Date of Expiration _____

Please list all colleges or universities previously attended (use back of page if needed):

Name _____ Dates: From _____ to _____

Degree(s) awarded _____ Major _____

Name _____ Dates: From _____ to _____

Degree(s) awarded _____ Major _____



Please list all colleges or universities previously attended:(cont.)

Name _____ Dates: From _____ to _____

Degree(s) awarded _____ Major _____

Personal Activities

Are you currently employed? yes no Occupation _____

If applicable, give name, address, and phone number of employer _____

List the primary co-curricular activities in which you are involved and in what capacity _____

Disciplinary and Criminal Record

Note: If your answer to either of the following is yes, you must submit a full statement of relevant facts on a separate sheet to be attached to this form.

Are you currently, or have you ever been, charged with, or subject to, disciplinary action for scholastic or any other type of misconduct at any educational institution?

yes no *If yes, attach explanation.*

Have you been convicted of a crime other than a minor traffic offense, or are any criminal charges now pending against you?

Convictions shall include: *A finding of guilty by a judge or jury, a plea of guilty, a plea of nolo contendere, a plea of no contest, an Alford plea to a criminal charge or a plea under the first offender act, irrespective of the pendency or availability of any appeal or application for collateral relief*

yes no *If "Yes", explain fully, specifying the nature of the offense(s), the date(s) it/they occurred, the name and location of the court(s) and sentence(s) imposed. Please submit court documentation if appropriate.*

Note: If accepted into the Study Abroad in Ireland: Developmental Disabilities program: a students will be required to submit a state-wide police background check for review by the Director and Co-Director.



If selected for this program, transient and non-degree students should visit one of the following websites for directions for application to UGA:

Undergraduate: www.uga.edu/oie/sa_transient_under.htm

Graduate: www.uga.edu/oie/sa_transient_grad.htm

Study Abroad Course Selections*

*Courses may be cancelled due to low enrollment.

Essay

On a separate page, please write an essay expressing why you want to study abroad, what about the host country's culture interests you most, and why the qualities of this particular program support your personal, academic, and career goals.

Release and Application Signature

I hereby authorize officials at any educational institution that I have attended to release my disciplinary records (including but not limited to records maintained by the Office of Student Conduct, the Registrar, the Department of University Housing, and/or the Office of the Vice President for Instruction) to the study abroad program director of the program to which I am applying. I fully understand that my disciplinary records may be a factor in evaluating my application.

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 from the study abroad program.

Student Signature

Date

Applicants who are accepted to participate in a UGA study abroad program are required by the University of Georgia to complete and sign a student agreement and waiver which stipulates the terms and conditions of the program, student conduct regulations and a waiver of liability.



Signature of Study Abroad Advisor/Dean/Academic Advisor (for non-UGA students only)

Name _____ Title _____ Date _____

Phone _____ E-mail _____

Student has completed all the necessary steps to obtain permission to study abroad from our university.

_____ Yes ___ No Signature _____

Questionnaire

How did you first hear about this program?

- poster
- flyer or brochure - obtained where? _____
- former participant
- Office of International Education
- campus presentation - location/presenter _____

References

According to the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written on your behalf are to be kept confidential or available for your inspection. Please choose below and indicate your choice on the reference forms.

- Confidential file Open file

Please obtain two references using the following forms and either include them in your file, or have them sent directly to the study abroad program address noted on p.1 of this application. References from faculty or employers are preferred. References from friends, family, or neighbors are not acceptable.



**Reference Form for The University of Georgia Study Abroad in Ireland:
Developmental Disabilities Program**

Please return by January 20, 2012 to: Dr. David L. Gast, Ph.D., Dept. of Communication Sciences and Special Education, 516 Aderhold Hall, University of Georgia, Athens, GA 30602

Note: At least one reference must be from your current academic program, if applicable.

I. This section is to be completed by the student applicant (*please print or type*):

Applicant's Name _____

Applicant's local telephone _____ E-mail _____

This reference is ____ confidential ____ not confidential

II. This section to be completed by the referee

Name and title of referee _____

Phone _____ E-mail _____

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

- Is there any reason why you would not recommend that the applicant participate in a study abroad program?

Please indicate your perceptions of the applicant's competence in the following areas:

| Area | Below Average | Average | Above Average | Outstanding | Inadequate Opportunity To Observe |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 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"/> |
| Stress Tolerance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to interact | | | | | |
| with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-motivation/ | | | | | |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other remarks, which are appreciated, may be written or typed on the back of this form or on a separate sheet.

Signature of Referee _____ Date _____

Please notify the student when he/she may pick up reference, or forward it to the address above.



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| Ability to interact | | | | | |
| with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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