

# Justice Studies Budapest Program (JSBP)

Fall 2016

## Application Instructions & Checklist

**FINAL APPLICATION DEADLINE: March 11, 2016**

**Please read the JSBP Policy Manual 2016 before completing this application.**

Submit to your College Dean's Office:

\_\_\_\_\_ 1) Study Away Student Eligibility Form

Submit to the COLA Center for Study Abroad:

\_\_\_\_\_ 2) COLA Study Abroad Application Form (*pp. 1-3 of this packet*)

\_\_\_\_\_ 3) JSBP Supplement Form (*pp. 4-7*)

\_\_\_\_\_ 4) Faculty Reference Form (*p. 8; from a faculty member who has had you in class*)

\_\_\_\_\_ 5) Personal Reference Form (*p. 9; from someone you know outside of an academic setting, e.g. a job supervisor; friends/relatives excluded*)

\_\_\_\_\_ 6) Photocopy of your passport bio page\*

\_\_\_\_\_ 7) Two passport-sized photos\*\*

All application materials should be submitted to the **COLA Center for Study Abroad:**

E-mail: [cola.studyabroad@unh.edu](mailto:cola.studyabroad@unh.edu)

COLA Center for Study Abroad

116 Murkland Hall

15 Library Way

Durham, NH 03824

COLA Study Abroad Coordinator: Jim Parsons, [james.parsons@unh.edu](mailto:james.parsons@unh.edu)

**\*Photocopy of passport bio page.** Unlike the "passport-sized photo," this is a photocopy of the bio/information page of your passport. If you do not have a passport, you are strongly encouraged to apply for one immediately, and submit the photocopy as soon as you receive it. Visit <http://travel.state.gov/passport/> or a US Post Office to begin the process. This will not delay your application.

**\*\*Two passport-sized photos.** *Students may opt to submit these after being admitted to the program. Please let us know if that is what you plan to do. You will be required to submit the photos within 2 weeks of acceptance.* A passport-sized ID photos is a 2" by 2" headshot, just like the ones you need when you apply for a passport. These photos can be taken in most pharmacies (Rite Aid, CVS, Walgreens, Wal-Mart, etc.), US Post Offices, or for UNH students, at the Office of International Students & Scholars (OISS) in Thompson Hall room G15 (<http://www.unh.edu/oiss/passport-pictures>). Be sure to write your full name on the back of each photo.

**Photo requirements:**

- in color
- printed on matte or glossy photo quality paper
- 2 x 2 inches in size

- taken in front of a plain white or off-white background
- taken in full-face view directly facing the camera
- sized such that the head is between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head

# COLA Study Abroad Application Form

## COLA Center for Study Abroad

University of New Hampshire  
116 Murkland Hall  
15 Library Way  
Durham, NH 03824

E-mail:  
cola.studyabroad@unh.edu

Phone:  
(603) 862-3962

### ***Instructions:***

*Please save this form to your computer and fill it out electronically. Do not fill it out in your web browser. Once all fields are complete, print and sign the form and submit it to the COLA Center for Study Abroad.*

*\*Please note: MAC users may have technical difficulties with the fillable PDF forms. Be sure to view the PDF in Adobe Acrobat rather than in Mac Preview. It may be advisable to complete the forms using a PC.*

## Program Information

I am applying to study abroad in: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_

How did you find out about the program to which you are applying?

## Personal Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Gender: \_\_\_\_\_

## Passport Information

Do you have a passport?  Yes  No\*

**Please attach a photocopy of the bio page of your passport to this application.**

\*Students are strongly encouraged to apply for a passport immediately if they do not possess one. Visit <http://travel.state.gov/passport/> or a US Post Office to begin the process. This will not delay your program application.

## Contact Information

Present/College Mailing Address: _____	Permanent/Home Mailing Address: _____
City: _____	City: _____
State/Province: _____	State/Province: _____
Zip/Postal Code: _____	Zip/Postal Code: _____
Cell Phone: _____	Home Phone: _____
Present/College Email: _____	Permanent/ Personal Email: _____

Are you a permanent resident of New Hampshire?  Yes  No

## Academic Information

Current College: \_\_\_\_\_ Major: \_\_\_\_\_  
Second Major or Minor (please specify): \_\_\_\_\_  
Class: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ # Credit Hours Completed at time of application: \_\_\_\_\_  
Academic Advisor: \_\_\_\_\_ Advisor Title: \_\_\_\_\_  
Advisor Department: \_\_\_\_\_ Advisor E-mail: \_\_\_\_\_  
Other College(s) Attended\*: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_

**\*Non-UNH students: please submit unofficial transcripts from any college-level courses taken at your institution.**

## Emergency Contact Information

**Please tell us whom we should contact in case of an emergency. By providing this information, you acknowledge that UNH has discretion to provide these individuals with information in an emergency.**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
ZIP/Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative contact, should we be unable to reach the above person:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Sharing of Information

**From time to time parents, guardians and other people may request information from UNH faculty and staff about your health, safety, behavioral and academic situation while you are abroad. Normally students are comfortable sharing this information with parents and guardians, but you have important legal rights in the sharing of information about matters related to your participation in this program. Please designate below the person(s) authorized to receive information about you from UNH faculty and staff during your participation in this Program:**

My emergency contacts listed above  The individuals listed below (you may check both boxes)

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

# Personal Statement

Please write at least 300 words stating how and when you became interested in this program, your reasons for applying, and why you believe you possess the resilience, independence and cultural awareness to be successful in this program. Please also describe any prior international travel experiences including locations you visited and/or any cross-cultural experiences you have had. You may attach your statement on a separate sheet of paper.

***By signing below, I hereby certify that all the above information and any additional information provided in all application and enrollment materials is true and accurate to the best of my knowledge.***

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**Signature of Applicant**

---

**Date**

The University of New Hampshire, in accordance with federal and state laws and regulations, as well as University policy, does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, in admission or access to, or treatment or employment in, its programs or activities. Inquiries concerning the application of or compliance with such laws and regulations should be made to Affirmative Action Director, 118 Thompson Hall, (603) 862-2930, or the Director, Office for Civil Rights, Department of Education, Washington, DC 20201.

# Supplement Form

COLA Center for Study Abroad

University of New Hampshire  
116 Murkland Hall  
15 Library Way  
Durham, NH 03824

E-mail:  
cola.studyabroad@unh.edu

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## Justice Studies Budapest Program Fall 2016

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Student ID No.: \_\_\_\_\_

How did you hear about the Justice Studies Budapest Program?

### Interests While Studying Abroad

To help us plan possible activities for the JSBP, please list any special interests that you may wish to explore while you are studying overseas (you may attach additional sheets as necessary):

### Student's Intent to Participate in JSBP

*By signing below, I express my intention to participate in the Justice Studies Budapest Program in the fall semester of 2016 and to take all necessary steps to ensure my eligibility, including participation in required predeparture activities.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### Student's Acknowledgement of SRRR & JSBP Policies

*By signing below, I am making clear my understanding that I shall be bound by the UNH Student Rights, Rules and Responsibilities and JSBP policies at all times while participating in the Justice Studies Budapest Program in the fall semester of 2016.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### Acknowledgement of Academic Advisor

*By signing below, I acknowledge that this student has informed me of his/her intent to participate in the JSBP in the fall semester of 2016.*

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Date

# Participant's Agreement and Release of Liability

## THIS IS A RELEASE OF LEGAL RIGHTS - PLEASE READ AND UNDERSTAND BEFORE SIGNING

WHEREAS, the University of New Hampshire (hereinafter UNH) and the Justice Studies Program offer a travel study program in Hungary ("Host Country") called the Justice Studies in Budapest Program ("JSBP") during the fall semester of 2016, to qualified students of ("the JSBP"); and

WHEREAS,  (Participant's Name), voluntarily desires to participate in the Program:

IT IS HEREBY AGREED by and between the Participant, the Participant's parent or legal Guardian if Participant is under the age of 18, (collectively "the Undersigned") and UNH, as follows:

### 1.0 Term of this Agreement and Release of Liability

The Undersigned will be informed by UNH of the dates of operation of the JSBP at a later date. The term of this agreement and release includes travel to and from the JSBP; it also includes all activities of any kind undertaken by the undersigned, UNH and its faculty, staff and students in connection with the JSBP before and after the dates of operation of the JSBP.

### 2.0 Participation in the Academic Program

The Undersigned have been informed by UNH of the scope and focus of the JSBP, eligibility requirements, costs, registration procedures, travel, itinerary, logistics, terms of cancellation, academic contact, and credit. By signing this Agreement and General Release, the Undersigned acknowledge that they have fully educated themselves as to the details of this program and agree to abide by its terms. It is expressly acknowledged that Participant is not required to participate in the Program. In consideration of the Undersigned's execution of this Agreement and General Release and their agreement to be legally bound by its terms, UNH will permit the Participant to enter into the Program subject to the provisions set forth herein.

### 3.0 Waiver of UNH's Liability for Risks and Dangers

The Undersigned understand that there are certain dangers, hazards, and risks inherent in international and domestic travel and the activities included in the Program, including but not limited to risks of injury, permanent disability or death, property damage and severe social or economic loss, which may result from the actions, inactions, or negligence of the Participant or others, weather conditions, conditions of equipment used, language barriers, differing social cultures, national and local laws, sickness, strikes, natural disasters, civil unrest or hostilities, terrorist activities or acts of war, and that UNH, its trustees, employees, and agents (collectively hereinafter UNH) cannot assume responsibility for any such personal injury, property damage or other loss. The Undersigned further understand that the above risks are also associated with any activities undertaken by the Participant which are not activities included in the Program. Such activities include, but are not limited to, individual travel by the Participant during vacation periods, or periods of time extending beyond the termination of the Program, or during other periods in which the Participant is not undertaking program activities. UNH cannot and does not assume responsibility for any such personal injury, property damage, or other loss suffered by Participant during such times. The undersigned agree to waive all claims against the University, its Board of Trustees, its employees and its agents arising from the applicant's participation in this Program or from any off-program activities.

### 4.0 Participant Responsibility for Medical Needs

- 4.1. The Undersigned understand that healthcare facilities in the Host Country may ascribe to a different standard of care and may be minimal/absent in rural/remote areas and that all types of health care, including for emergencies, may be difficult to find. The Undersigned further understands that the Participant should not expect the same type of health care as would be available in the Participant's home country. Having read and understood the information UNH provided on healthcare precautions, the Participant has fully informed UNH of any condition of his/her mental/physical health that might affect the Undersigned participation in the program.
- 4.2. The Undersigned assure UNH that the Participant has consulted with a medical doctor with regard to the Participant's personal medical needs such that the Undersigned can and do further state that there are no health-related reasons or problems which preclude or restrict the Participant's participation in the Program.
- 4.3. The Undersigned are aware of all applicable personal medical needs, as well as having arranged for adequate hospitalization insurance to meet any and all needs for payment of hospital costs while the Participant is undertaking the Program. The Undersigned agree that UNH cannot be and is not responsible for attending to any of the Participant's medical or medication needs, that the Undersigned assume all risk and responsibility therefore, and that if the Participant is required to be hospitalized while in a foreign country or in the United States during the Program, UNH cannot and does not assume any legal responsibility for payment of such costs.

### 5.0 Participant's Life, Health, and Property Insurance

- 5.1. The Undersigned are aware that there are other potential risks in which the Participant may be placed or in which the Participant may place himself or herself during the Program which neither the Undersigned nor UNH are able to foresee at this time. The Undersigned are aware that life, property, and travel insurance are sold by American companies in order to reduce the financial consequences of such risk.
- 5.2. The Undersigned understand the Participant is covered by the UNH international travel assistance and insurance program only while enrolled in the Program and only when the Participant is outside the U.S.
- 5.3. The Undersigned understand that the Participant will not be covered by the UNH international insurance program for personal travel before the Program's official start date or after the Program's official end date.
- 5.4. The Undersigned agree to pay for any international travel assistance and health related expenses not covered by the UNH international insurance program.
- 5.5. The Undersigned have read and understood the UNH International Travel Assistance & Insurance Program Evidence of Benefits and additional student and claims information available on the CIE website (<http://www.unh.edu/cie/student-information>).

### 6.0 UNH's Rights and Powers

The University reserves the following rights and powers:

- 6.1. The right to cancel the Program without penalty;
- 6.2. The right to alter or withdraw any part of the Program and to make any alterations, deletions or modifications in the itinerary and/or academic program as deemed necessary by UNH or by the course instructors as agents of UNH.
- 6.3. The Undersigned have made themselves aware of the rules and regulations as contained in the UNH Student Rules, Rights and Responsibilities and all relevant Program documents. The Participant agrees to uphold individual and group standards appropriate to the cultural setting of the program. If the Participant's actions violate local or national laws and/or UNH or host institution regulations, or are judged to be injurious to the program and/or seriously offensive to the host cultures, and/or damaging to the reputation of UNH or the Program, the Participant acknowledges that the faculty director(s) has the right, after consultation with a representative of UNH, to terminate the Participant's enrollment in the program without refund of tuition nor fees and to return the Participant to the United States at his own expense.
- 6.4. The Undersigned understand that military actions, terrorist threats, labor strikes, civil unrest, and natural disasters, as well as other situations which are disruptive to the learning environment and/or the life of and safety of the Program group, may result in an alteration in the Program itinerary. The Undersigned agree to accept financial responsibility for the Participant which may result from such a change in the program itinerary and agree to follow the leadership and direction of UNH in the decision to change travel plans.

CONTINUED ON NEXT PAGE

- 6.5 The right to communicate information to the Undersigned's parents and/or guardian regarding the Undersigned's conduct, medical condition or treatment and location.

#### **7.0 Potential Travel and Accommodation Problems**

- 7.1. The Undersigned acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in transportation due to sickness, weather, strikes, or other unforeseen causes. The Undersigned acknowledge and understand that UNH assumes no liability whatsoever for any loss, damage, destruction, theft or the like to the Participant's luggage or personal belongings, and that the Participant has retained adequate insurance or has sufficient funds to replace such belongings and will hold UNH harmless therefrom.
- 7.2. The Undersigned acknowledge and understand that in the event the Participant becomes detached from the Program group, fails to meet a departure bus, airplane, train, or other conveyance, or becomes sick or injured, the Participant will bear all responsibility to seek out, contact, and reach the Program group at its next available destination; and that the Participant shall bear all costs attendant to contacting and reaching the field trip group at its next available destination.
- 7.3. UNH strongly discourages students from operating vehicles while participating in study abroad programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles abroad extremely hazardous. Insurance requirements and other financial responsibilities vary from country to country. The Undersigned acknowledge and understand that there are risks associated with operating a motor vehicle or motorized conveyance of any kind while participating in the Program and that UNH assumes no liability whatever for any death, injury, damage, loss, accident or delay resulting from the Participant's operating a motor vehicle or motorized conveyance of any kind while participating in the Program.
- 7.4. All services and accommodations are subject to the laws of the country in which they are provided.
- 7.5. The Undersigned understand that UNH in no way represents, or acts as agent for, the transportation carriers, hotels, and other suppliers of services connected with the Program. The Undersigned further understand and agree that UNH, its governing board, employees and agents are:
- 7.5.1 Not responsible or liable for any injury, damage, loss, accident, delay, or other irregularity which may be caused by the defect of any vehicle or the negligence or default by any company or person engaged in providing or performing any of the services involved in the Program;
- 7.5.2 Not responsible for any disruption of travel arrangements or any consequent additional expenses that may be incurred therefrom.

#### **8.0 Legal Problems**

The Undersigned acknowledge and understand that should the Participant have or develop legal problems with any foreign nationals or with any government while participating in the Program the Participant will attend to the matter personally with the Participant's own personal funds. UNH is not responsible for providing any assistance under such circumstances.

#### **9.0 Conduct of the Participant**

The undersigned understands that the Participant is responsible for his or her personal welfare while abroad. The Undersigned are aware of the means by which sexually transmitted diseases are contracted and recognize the inherent risks of unprotected sexual activity and intravenous drug use. The Undersigned are aware of the health, safety, and legal implications associated with the use of alcohol and drugs and will educate themselves, prior to departure, as to the local or national laws of the host country. The Undersigned acknowledge and understand that UNH assumes no liability whatsoever for any death, injury, loss, damage, harm, accident or delay resulting from the Participant's conduct as described in this paragraph 9.0.

#### **10.0 Governing Law**

The Undersigned agree that this Agreement and General Release shall be construed in accordance with the laws of the State of New Hampshire, which shall be the forum for any lawsuits filed under or incident to the Agreement and General Release or the Program. The terms and provisions of this Agreement and General Release shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement and General Release, the validity of the remaining portions shall not be affected thereby.

#### **11.0 Assumption of the Risks Involved**

- 11.1. Knowing the dangers, hazards, and risks described herein, or otherwise associated with participation in the Program whether foreseen or unforeseen, and in consideration of being permitted to participate in the Program, the Undersigned, on behalf of the Participant's family, heirs, and personal representative(s), agree to assume all risks and responsibilities surrounding Participant's participation in the Program including transit to, during and from the Program, and to forever discharge, release and waive any claims against UNH for any and all liability related to any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which the Participant may have or which may hereafter accrue to the Undersigned, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by the Participant or by any property belonging to the Participant, except for loss or injury arising out of the sole negligence or willful misconduct of UNH.
- 11.2. The Undersigned understand and agree that UNH does not have medical personnel available at the location of the Program or during transportation or anywhere in the Host Country. The Undersigned understand and agree that the UNH is granted permission to authorize emergency medical treatment, including anesthesia and surgery if necessary, and that such action by UNH shall be subject to the terms of this Agreement and General Release. The Undersigned understand that UNH assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
- 11.3. The Undersigned acknowledges having read and understood all Consular Information sheets, travel warnings, and other announcements posted on the Web site of the U.S. State Department and relating to the Host Country or countries visited during the Program.

#### **12.0 Other Claims**

- 12.1. It is the Undersigned's express intent that this Agreement and General Release shall bind the members of the Undersigned's family and spouse, if Participant is alive, and Participant's family, estate, heirs, administrators, personal representatives, or assigns, if Participant is deceased, and shall be deemed as a Release, Waiver, Discharge, and Covenant not to Sue UNH. The Undersigned agree to save and hold harmless, indemnify, and defend UNH from any claim by the Undersigned or Participant's family, arising out of the Participant's participation in the Program.
- 12.2. It is the Undersigned's express intent that this Agreement and General Release shall hold harmless and agree to indemnify the University, its Board of Trustees, its employees and its agents with regard to any financial obligations or liabilities that the undersigned incur, or any damage or injury to the person or property of others that the undersigned may cause or be accused of causing, while participating in the Program. In the event the University or its agents advance or loan any monies to the undersigned or incur special expenses on their behalf while abroad or in relation to the Program abroad, the undersigned agree to make immediate repayment.

#### **13.0 Age of Participant**

The Undersigned state that Participant is at least eighteen (18) years of age and fully competent to sign this Agreement.

#### **14.0 Entire Agreement**

In signing this Release, the Undersigned acknowledge and represent that the Undersigned have become fully informed of the content of this Agreement and General Release by reading it before signing it and that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

**CONTINUE ON NEXT PAGE FOR SIGNATURE**

# Student's Agreement and Release of Liability (to be signed in the presence of a notary)

The term, *Undersigned*, is used in this Agreement and General Release as pertaining to more than one person. If the participant is of majority age, it refers only to the Participant. If the Participant is not of majority age, Undersigned refers to the Participant and the Participant's Parent or Guardian, signatory, hereto.

\_\_\_\_\_  
Signature of Applicant  
(Signed in the presence of notary)

\_\_\_\_\_  
Date

## Section for Notary Public Use:

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Seal of Notary Public:

## Parent's/Guardian's Statement

*I have read and understand the terms and conditions set forth in the Participant's Agreement and Release of Liability (all of which I have had a full and fair opportunity to consider), and I understand that those terms and conditions, including the release, constitute my agreement with UNH. This agreement is effective upon acceptance of my son/daughter's admission to the Program. I understand that the laws of New Hampshire govern this agreement, and I agree further that any claim I may ever have arising in any way out of the Program must be filed in a New Hampshire court.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Faculty Reference

Please return form to:  
**COLA Center for Study Abroad**  
 University of New Hampshire  
 116 Murkland Hall  
 15 Library Way  
 Durham, NH 03824

E-mail:  
 cola.studyabroad@unh.edu

Phone:  
 (603) 862-3962

**To the applicant:** please fill in the first three items on this form.

Applicant's Name: \_\_\_\_\_

I do  I do not waive my right to see this recommendation.

Applicant's signature: \_\_\_\_\_

The student named above is applying to study abroad with the Justice Studies Budapest Program. Your assessment of this student's suitability for this program is greatly appreciated.

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

Here is a list of some attitudes/skills identified by faculty who work with cross-cultural programs. To the best of your ability, please indicate the degree to which the student possesses these traits, from excellent (5) to below average (1). Use "U" for unable to judge.

	5	4	3	2	1	U
Can tolerate ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is open-minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is empathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is flexible, adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a good sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-reliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can tolerate differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains infrequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts well with a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is resourceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility, reliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has academic skills, and potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly comment on the applicant's social, emotional and academic maturity (use reverse side of sheet if necessary). Is there additional information about this applicant that would be helpful to know as part of the selection process? Additional comments?

If you were leading this trip, is the applicant the type of person you would welcome as part of your team? Please explain.

\_\_\_\_\_  
 Evaluator's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Evaluator's Name (Please Print)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 E-mail Address

# Personal Reference

Please return form to:  
**COLA Center for Study Abroad**  
 University of New Hampshire  
 116 Murkland Hall  
 15 Library Way  
 Durham, NH 03824  
  
 E-mail:  
 cola.studyabroad@unh.edu  
  
 Phone:  
 (603) 862-3962

**To the applicant:** please fill in the first three items on this form.

Applicant's Name: \_\_\_\_\_

I do  I do not waive my right to see this recommendation.

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Can tolerate ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is open-minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is empathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is flexible, adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a good sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-reliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can tolerate differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains infrequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts well with a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is resourceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility, reliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has academic skills, and potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly comment on the applicant's social, emotional and academic maturity (use reverse side of sheet if necessary). Is there additional information about this applicant that would be helpful to know as part of the selection process? Additional comments?

If you were leading this trip, is the applicant the type of person you would welcome as part of your team? Please explain.

\_\_\_\_\_  
 Evaluator's Signature Date

\_\_\_\_\_  
 Evaluator's Name (Please Print) Title E-mail Address