



International Programs

College of Advancing and Professional Studies

Applicant Name _____

INTERNATIONAL PROGRAMS APPLICATION

SUMMER 2014

Dear Applicant,

Thank you for your interest in UMass Boston's special international programs. This application form asks for information the Academic Director must have in order to make an informed decision about your acceptance into the program. This application also requires you to sign a "Consent and Release" form as a pre-condition of participation. Please fill the application out carefully and completely and return it to us as soon as possible since the number of students accepted into each of the programs is limited. Your application will be reviewed as soon as we receive all of the necessary documents. Once you have been accepted and registered, you must attend an orientation session and, in most cases, academic sessions prior to and upon return from travel abroad.

We look forward to having you as a participant. In the meantime, if you have any questions, I can be reached at 617.287.6995 or jennifer.goode@umb.edu. If you have specific academic questions, please contact the individual program's faculty director.

Thank you,

Jennifer Goode-Sollis
Program Assistant, International and ESL Programs
College of Advancing and Professional Studies
University of Massachusetts Boston
Wheatley Bldg, 1st floor, Room 003
Tel: 617.287.6995
jennifer.goode@umb.edu

1. PROGRAM SELECTION

Program	Travel Dates	Price
____ Ancient Greeks & Romans on the Bay of Naples	7/13/14 – 7/24/14	\$2,599/\$3,099
____ Caribbean Studies Summer Institute	6/09/14 – 7/05/14	\$4,850
____ China Today: Culture, History & Society	6/06/14 – 6/22/14	\$2,700/TBA
____ Comparative Study Tour: Educational Changes in China	7/06/14 – 7/18/14	\$1,500
____ Entrepreneurship in the U.S. and China	6/06/14 – 6/22/14	\$2,949/\$3,599
____ Food & Culture: The Italian Experience	7/06/14 – 7/27/14	\$2,499/\$2,899
____ From Bologna to the Blogosphere	6/22/14 – 7/05/14	\$2,499/\$2,699
____ Haiti and the Dominican Republic Today	7/07/14 – 8/01/14	\$3,400
____ Maya Archaeology Field School in Belize	6/16/14 – 7/10/14	\$3,095

- I will be taking this course for academic credit: ___ Yes ___ No
- I will be taking the optional Independent Study (if applicable): ___ Yes ___ No
- I am a member/veteran of the U.S. Armed Forces: ___ Yes ___ No
- I will be applying for an educational loan through UMB: ___ Yes ___ No

Note: Applications received after the deadline will be considered if space is available. However, because of space limitations, students are encouraged to **apply as soon as possible. Please do not wait until the deadline.** Applications will be considered in the order in which they are received.

Please be advised that international programs are subject to change, slight or major, at any time due to circumstances beyond our control; this includes any and all fees, dates, itinerary, and program activities. The Program Director will do his/her reasonable best to inform all applicants of any changes in as timely a manner as possible.



2. PERSONAL INFORMATION

NAME _____ GENDER _____

STUDENT ID NUMBER (if applicable) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH ____/____/____

EMAIL _____

MAILING ADDRESS _____
Street City/Town State Zip

PHONE Home: () _____ Work: () _____ Cell: () _____

HOME ADDRESS _____
Street City/Town State Zip

NAME OF INSTITUTION PRESENTLY ATTENDING _____

MATRICULATED: YES NO MAJOR: _____

CLASS STANDING, year: 1st 2nd 3rd 4th graduate post-graduate

3. PERSON TO CONTACT IN AN EMERGENCY

NAME _____ RELATIONSHIP _____

ADDRESS _____
Street City/Town State Zip

PHONE Home:() _____ Work:() _____ Cell:() _____

4. HEALTH INSURANCE INFORMATION

Please note: You must show proof of health insurance coverage prior to your stay abroad.

INSURANCE COMPANY _____

POLICY NUMBER _____



5. A NOTE CONCERNING ACCOMMODATIONS

Please provide below any special requests or other relevant information about yourself regarding accommodations: (For example: allergy to bees, food allergy, etc.)

6. TRANSCRIPT

Please enclose an up-to-date transcript (an unofficial copy is acceptable – it does *not* have to be official) or equivalent qualifying document.

7. DO YOU HAVE A PASSPORT?

Yes No

Please note a passport is not required to travel to Puerto Rico but is required for all other destinations.

8. GOALS AND OBJECTIVES

Please write a brief statement outlining what you would like to accomplish in the international program. Incorporate into your statement a self-assessment of your ability to work as a member of a group and your motivation for applying to your chosen program. Also include any relevant background or pertinent experience.

Please use a separate sheet and submit with completed application form.

9. LETTER OF RECOMMENDATION

Please include with this application, or have forwarded to us, a letter of recommendation from a professor or other pertinent individual who can provide a character reference and/or an assessment of your academic standing. Email is acceptable. Indicate the recommender's contact information below to enable us to follow up if necessary. The letter of recommendation does not need to be submitted at the same time as the general application, but must be received before the deadline date.

A recommendation form is included in this application.

Name of recommender _____

Institution _____

Phone _____ Email _____



10. PAYMENT

Upon your acceptance into the program you have chosen, we will notify you and begin the billing process. Full payment is generally required before the actual program start date. Unless otherwise stated, the program fee does *not* include transportation to and from the destination abroad, or insurance. Be advised that some fees, such as for books, ground transport, some meals, etc., are not always included in the program fee.

11. CERTIFICATION BY APPLICANT

Terms and Conditions:

a) The University of Massachusetts Boston does not assume responsibility for any sickness or accident incurred by the student during his or her stay in country, nor does the University provide any casualty or health insurance. Participants are required to provide proof of health insurance coverage before registering in these programs. Persons with disabilities interested in these programs should contact the Office of Diversity and Inclusion at 617.287.4818, or at diversity@umb.edu.

b) Important: Before you depart on your program you will be required to complete a Consent and Release form through the Office of International and Transnational Affairs (OITA), and submit a copy of your passport (if applicable). If we do not have these documents on file before your departure date you will be unable to travel.

Addendum: Photo Permissions:

_____ (initials) I hereby grant the University of Massachusetts Boston permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the University in perpetuity, and for other use by the University. I will make no monetary or other claim against the University of Massachusetts Boston for the use of the interview and/or photographs/video.

By signing below, I certify that information on this form is true and complete to the best of my knowledge, and that I have read and understand the terms and conditions above.

SIGNATURE OF THE APPLICANT/
SIGNATURE OF THE PARENT OR GUARDIAN (if applicant is under 18)

Date



International Programs

College of Advancing and Professional Studies

Applicant Name _____

PLEASE RETURN COMPLETED APPLICATION TO:

Jennifer Goode-Sollis
Program Assistant, International and ESL Programs
College of Advancing and Professional Studies (CAPS)
University of Massachusetts Boston

Wheatley Bldg, 1st floor, Room 003

Tel: 617.287.6995

jennifer.goode@umb.edu

CHECKLIST:

Have you completed/enclosed the following:

- Transcript (or equivalent)?
- Goals and Objectives Statement?
- Letter of Recommendation
- Signed and Completed Application?
- Initialed Photo Permissions clause?



LETTER OF RECOMMENDATION

To be completed by the applicant:

Desired International Program _____

Student's Name _____

Application Deadline _____

TO THE RECOMMENDER

The above named individual is applying to study abroad in one of our special international programs. To assist us in making an acceptance decision, please state briefly in what capacity and for how long you have known the applicant, and comment on the student's personality and ability to relate to other people and to adjust to a short residence in a foreign country. Please add any other comments you deem appropriate.

PLEASE MAIL/EMAIL TO:

Jennifer Goode-Sollis
Program Assistant, International and ESL Programs
College of Advancing and Professional Studies (CAPS)
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393

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