



# Albright in London Fall 2018

## MARCH 2

*This application indicates your interest in the program. Students must also make the required nonrefundable deposit by the deadline to be formally considered registered in the course.*

### A. Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M I)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Citizenship \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home / Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Do you have a Passport? \_\_\_\_\_ If yes, Passport Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Emergency Contact**—Please provide the name, address and relationship of the person who should be notified in the case of an emergency:

\_\_\_\_\_  
(Name) (Relationship to you)

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

*Please submit your application to Kim Justeson in the Experiential Learning and Career Development Center.*

**B. Academic Information**

Class Standing: \_\_\_\_\_ Major(s): \_\_\_\_\_  
(Freshman, Sophomore, etc)

Expected Date of Graduation: \_\_\_\_\_ Minor (if applicable) : \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Cumulative credits: \_\_\_\_\_

Academic Advisor(s): \_\_\_\_\_  
(Name and Dept.)

**C. Program Information**

Do you plan to complete an internship during the semester in London?      Yes      No      Unsure  
(circle one)

Do you plan to complete a service learning project while in London?      Yes      No      Unsure  
(circle one)

**Are you currently in good financial standing with Albright College?** \_\_\_\_\_

Student records are checked prior to travel to determine financial eligibility. It is the student's responsibility to ensure they are in good financial standing before putting down a non-refundable deposit on travel course. If you have any questions about financial eligibility contact the Student Accounts office.

**D. Relevant Information**

Have you traveled outside of the US before? If so, where have you traveled?

\_\_\_\_\_

Please list any dietary restrictions (include vegetarian/vegan): \_\_\_\_\_

\_\_\_\_\_

Please list any allergies (food, drugs, significant environmental, etc.) and type of reaction \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Essay-**Attach a one-page essay outlining why you want to study in London, England and what you hope to achieve with this semester abroad.

**F. Letter of Recommendation-**One letter of recommendation is required from an Albright professor who can support your application and speak to your strengths. **(This letter should be submitted by the professor directly to Kim Justeson in the ELCDC via campus mail or electronically.)**

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Date**

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## **Fall 2018 Albright in London Program**

Name \_\_\_\_\_ Class 20 \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Major/minor courses need a department chair signature. General Studies or elective courses need the registrar's signature.**

### **Proposed Courses to be Taken:**

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

\* Major and minor courses must be signed off by the department chair.

\*\*General Studies and Elective courses may be signed off by the Registrar or corresponding Department Chair.

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## Proposed ALTERNATE Courses:

Alternate courses should be approved by the appropriate department chair or registrar in case preferred courses are closed or other unanticipated circumstances prevent you from taking them.

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

<b>Course Number &amp; Title:</b>	<b>Course Type:</b>
	Major*      General Studies**      Elective** (circle one)
<b>Equivalent Albright Course Number &amp; Title:</b>	<b>Department Chair or Registrar Signature:</b>

\_\_\_\_\_  
Academic Advisor (Please Print)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor (Please Print)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

*Please submit your application to Kim Justeson in the Experiential Learning and Career Development Center.*

### **Financial Aid Information 2018-2019 Academic Year:**

This section should be completed by student prior to meeting with the Financial Aid and Student Accounts Offices: Estimates of additional expenses have been taken from the CAPA website:

<https://www.capa.org/sites/default/files/Spring%202017%20CAPA%20London%20Budget%20Estimate.pdf>

Please ask for clarification from the experiential learning director, if needed.

#### **Albright in London Fall 2018 Study Abroad Program**

-Albright Tuition (full price, before financial aid)	\$ 22,103
-Albright Comprehensive Fee	\$ 550
-Study Abroad Fee	\$ *7,850

\*This fee is based on Albright's double occupancy room & silver meal plan rates and an auxiliary fee.

**TOTAL COST PAID TO ALBRIGHT \$ 30,503**

#### **Other Estimated Costs:**

-Transportation (includes international airfare & local transportation)	\$ 1,650
-Additional meals not included in homestay	\$ 980
-Passport fee	\$ 135
-Visa fee for internship students	\$ 600(optional)
-Books and supplies	\$ 800
-Personal & Misc. expenses (insurance, passport, visa, fees, etc)	\$ 1,500

**TOTAL COST OF ATTENDANCE: \$ 36,168**

ELCDC Approval: 

#### **Financial Aid Office**

Your financial aid eligibility for the 2018-19 academic year will be based on your eligibility for Federal, state and institutional aid while attending classes at Albright College. Participation in an off-campus study program for the

Fall 2018 semester will result in the following financial aid eligibility:

Pell Grant	\$ _____
State Grant	\$ _____
Stafford Loan	\$ _____
Perkins Loan	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Estimates of Financial Aid \$ \_\_\_\_\_**

This estimated Federal and state aid is based on the student completing the necessary forms by the required deadlines. A student's eligibility may change based upon changes in financial data and/or changes in aid program availability.

\_\_\_\_\_  
Financial Aid Office

\_\_\_\_\_  
Date

*Please submit your application to Kim Justeson in the Experiential Learning and Career Development Center.*

**Student Section**

By signing below, you acknowledge that you have read and understand the financial aid and expense information, agree to the withdrawal and financial aid policies described and realize that program costs and aid eligibility may change. **You further understand students need to be in good financial standing in order to be approved to study abroad/off campus. Each student's account will be checked for eligibility on May 1 for summer and fall study students and December 1 for spring study students.**

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Student's Signature

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Date**Gable Health Center**

To assist us in working with you to provide health related information for your study abroad trip, we ask that you speak with a member of our healthcare team in the Gable Health and Counseling Center and receive written confirmation that you have done so. This is a free visit. Please call the health center at 610-921-7532 to arrange a time to speak with one of our team members.

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Gable Health and Counseling Center

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Date**Student Agreement**

I understand that by completing this form and obtaining the appropriate signatures that I am applying to study abroad and that final approval is made by the Provost. I understand that I must be a student in good academic, disciplinary and financial standing to participate in this program. I grant permission to the Office of Community Standards to review disciplinary files and share information with the director of the Experiential Learning and Career Development Center.

I also understand that the program with which I am studying typically provides some level of insurance coverage. Albright College does provide limited international insurance coverage for students as well at no charge. Please inquire about this insurance if interested.

I agree to conduct myself in accordance with Albright College's policies and procedures, including the rules which appear in the *Compass's* Student Code of Conduct. I further agree to abide by all the rules and requirements of my Study Abroad Program Partner and the institution I will be attending.

I have read this statement of policies governing participation in study abroad / study off-campus programs and agree to them in all respects. I further affirm that I am in good academic standing, with a minimum grade point average of 2.5/4.0, in good financial standing as defined by the Office of Student Accounts and in good disciplinary standing as defined by the Office of the Dean of Students at Albright College.

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Student Signature

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Date**For Office Use Only**

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Provost's Office

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Date

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Experiential Learning Director

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Date

*Please submit your application to Kim Justeson in the Experiential Learning and Career Development Center.*