PROGRAM INFORMATION

Which of the following do you want the program to arrange?

❑ Orientation in the US
❑ Orientation in other country / location
❑ Airfare
❑ Cultural Events
❑ Field trips
❑ Healthcare
❑ Housing
❑ Meals
❑ Other (specify) ______________________

Where do you want to live?

❑ Residence Hall
❑ Host Family
❑ Apartment
❑ Other (please specify) ______________________

With whom do you want to live?

❑ Other US Students
❑ Other International Students
❑ Students from host institution
❑ Other (please specify) ______________________

Please use the space below for any questions, concerns or details about any program you are seeking. The Study Abroad Advisor will assist you to address these concerns.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

FOR OFFICE USE ONLY

Date received in Study Abroad / Study Off – Campus Center ___________________
Study Abroad / Study Off – Campus
Preliminary Questionnaire

This questionnaire has been designed to help you determine the program and the study abroad / study off – campus experience that will meet your academic and personal needs. Please take a few moments to complete the questionnaire and return it to the Study Abroad Center in Selwyn Hall, South Wing. If you have any questions, you can reach the Center at 610.921.7648, studyabroad@albright.edu.

The Student Advisor will use this information to help you in researching appropriate programs of study. If you know where you want to study, completing the questionnaire will ensure you have considered all the necessary areas in making your decision.

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Today’s Date ______________________________
Name ________________________________________________
Class _________________
Concentration ________________________________________________________________
Campus Box Number ____________ Telephone Number _____________________________
Email _______________________________________________________________________

ELIGIBILITY

Are you a full – time student at Albright College? ❑ Yes ❑ No
Are you on academic probation? ❑ Yes ❑ No
Are you on social (disciplinary) probation? ❑ Yes ❑ No
Do you have any financial obligations to Albright College? ❑ Yes ❑ No
Is your cumulative GPA at or above 2.5? ❑ Yes ❑ No

NOTE: the staff of the Study Abroad Office will review the information and determine your eligibility to apply to study abroad / study off – campus. You may have the opportunity to remedy your status, if it is determined you are currently ineligible. In either case, we will notify you of your eligibility.

LOCATION INFORMATION

When do you want to study abroad / study off – campus? _____________________________
How long do you want to study? ❑ One Semester ❑ One Year ❑ Summer ❑ Interim
In which continent or region do you want to study?
❑ Africa ❑ Europe
❑ Asia ❑ Middle East
❑ Australia ❑ North America (Canada & Domestic US)
❑ Central America /Caribbean ❑ South America
❑ Other _____________________________
In which setting do you want to study / live?
❑ Urban ❑ Suburban ❑ Rural

EDUCATIONAL INFORMATION

In what type of courses do you want to enroll? (Check all that apply)
❑ Concentration ❑ General Studies ❑ Electives
❑ Other (Specify) _____________________________
In what language do you want to be taught?
❑ English ❑ Other (please specify) _____________________________
By whom do you want to be taught?
❑ U.S. Professors ❑ Professors of host institution / program
❑ Other (please specify) _____________________________
With whom do you want your classes primarily populated?
❑ U.S. Students ❑ Students from host institution
❑ Other International Students _____________________________
What type of an educational experience are you seeking? (Check preferences)
❑ Lecture ❑ Seminar
❑ Tutorial ❑ Language Lab
❑ Science Lab ❑ Independent Research
❑ Internship _____________________________