NON-ANTIOCH STUDENT

AEA APPLICATION INSTRUCTIONS

I. Consult with your academic and study abroad advisors regarding your plans to study abroad as soon as possible.

II Required components of the AEA application:

- Application form
- Goals Statement *(see instructions below)*
- Two recommendations from faculty who know you and are familiar with study abroad opportunities (*please use attached forms*)
- Official transcript from all colleges/universities attended
- $35 application fee
- Women's Studies Program Questionnaire (if applicable)
- Mali, West Africa Program Questionnaire and work samples (if applicable)

GOALS STATEMENT INSTRUCTIONS

The Goals Statement should be written in **essay** format. Please reflect on the appropriateness of this program to your academic, experiential, and personal objectives. In addition to addressing the following questions, please specify any interests you would like to pursue through this program.

1. What are the main academic and experiential objectives you plan to accomplish through this program?

2. How do these objectives relate to your degree program and your life aims?

3. What preparations - academic and/or otherwise - have you completed or will you complete prior to the program? (This may include relevant course work, travel, and work experiences.)

NON-ANTIOCH STUDENT

FACULTY RECOMMENDATION

Applicant: This recommendation should be requested from an instructor who is able to comment on (i) your preparedness to study in the program of your choice and (ii) the potential contributions of the program to your curriculum.

STUDENT'S NAME _____ PHONE _____

UNIVERSITY/ COLLEGE YOU ATTEND _____ YEAR _____

PROGRAM YOU ARE APPLYING TO _____ TERM _____

==========

THIS PART TO BE COMPLETED BY INSTRUCTOR

This student has applied to an Antioch College study abroad program. We would appreciate your assessment of the applicant's academic and experiential capacity to actively participate in this program. In writing this recommendation, please address the following:

1. How long and in what capacity have you known the applicant?
2. Will this program offer opportunities for the student to fulfill his/her academic objectives and work towards his/her life aims?
3. Is the student's academic and experiential preparation for the program adequate?
4. What additional preparation would you recommend to the student prior the program?
5. Please discuss any academic, experiential, or personal areas in which the student may require special assistance or attention while on the program.

Please attach your letter of recommendation to this signed form.

INSTRUCTOR'S NAME AND TITLE *(please print)*_____

DEPARTMENT _____

INSTITUTION _____ PHONE_____

SIGNATURE _____ DATE _____

EMAIL _____

NON-ANTIOCH STUDENT

FACULTY RECOMMENDATION

Applicant: This recommendation should be requested from an instructor who is able to comment on (i) your preparedness to study in the program of your choice and (ii) the potential contributions of the program to your curriculum.

STUDENT'S NAME _____ PHONE _____

UNIVERSITY/ COLLEGE YOU ATTEND _____ YEAR _____

PROGRAM YOU ARE APPLYING TO _____ TERM _____

==========

THIS PART TO BE COMPLETED BY INSTRUCTOR

This student has applied to an Antioch College study abroad program. We would appreciate your assessment of the applicant's academic and experiential capacity to actively participate in this program. In writing this recommendation, please address the following:

1. How long and in what capacity have you known the applicant?
2. Will this program offer opportunities for the student to fulfill his/her academic objectives and work towards his/her life aims?
3. Is the student's academic and experiential preparation for the program adequate?
4. What additional preparation would you recommend to the student prior the program?
5. Please discuss any academic, experiential, or personal areas in which the student may require special assistance or attention while on the program.

Please attach your letter of recommendation to this signed form.

INSTRUCTOR'S NAME AND TITLE *(please print)*_____

DEPARTMENT _____

INSTITUTION _____ PHONE_____

SIGNATURE _____ DATE _____

EMAIL _____