

UM ISEP Application Form

Your Name _____

ISEP placement desired (list countries): _____

Term(s) of Exchange (mark all that apply): Fall 20__ Spring 20__ Summer 20__

Program applying for: ISEP-Reciprocal ISEP-Direct Both

Student ID# _____ - _____ Birthdate (MMDDYY) ____ / ____ / ____ Male Female

Current Address _____

City, State, ZIP _____ Phone (____) ____ - _____

Address/Phone valid until ____ / ____ / ____ E-mail _____ @ _____

Permanent Address _____

City, State, ZIP _____ Phone (____) ____ - _____

Permanent E-mail _____ @ _____

Emergency Contact (Name, Address, Phone) _____

I do ____ / do not ____ authorize The University of Montana to communicate information about my program activities in non-emergency situations to my parents or legal guardians, or to (name & address) _____

_____, or to news media.

Year in school: _____ Number of Credits completed at the end of this academic year: _____

Major: _____ Minor: _____ Current Cumulative GPA: _____

Academic preparation specific to this exchange: _____

Courses taken in the language of the host country (if applicable): _____

Describe any previous study abroad or foreign living experience: _____

Do you plan to apply for financial aid? Yes No
Do you plan to apply for an Office of International Programs scholarship Yes No
What will be your tuition rate during your term abroad? In-State Out-of-State WUE

Do you plan to go by yourself? Yes No If no, please explain: _____

List names and titles of your academic/character references (and Language Proficiency Report, if applicable):

1. _____
2. _____
3. _____

To assist us in tracking promotion efforts, please indicate how you found out about this program:
 Visit to this office Our website Orientation workshop Classroom visit
 Ad in Kaimin Faculty member/advisor Other students/past program participants
 Our newsletter Study Abroad Fair Other (please specify): _____

If you feel there is any information, not included in the application or in your personal statement, that is important to your participation in the program, please attach as a separate sheet of paper.

Are you now or have you ever been placed on Disciplinary Probation for violation of The University of Montana's Student Conduct Code? Yes No If yes, please attach a written explanation and list the dates of any such probation.

I authorize The University of Montana to release the following information to potential program participants (check all that apply):
 Name Address Phone number email address None

I understand that before I may be selected for the program, The University of Montana shall have the right to review my student academic and disciplinary records, which shall not be disclosed outside the University without my consent. I agree that IP may release all information contained in this application to the ISEP Central Office and to my prospective host institution.

I understand that I cannot participate in an IP study abroad program if I am currently on Disciplinary Probation, if I have been on Disciplinary Probation in the past six months, or if I am placed on Disciplinary Probation between now and my departure for the program. I understand that if I have a criminal conviction history I may be disqualified on the basis of this history from participating in the IP study abroad program.

If selected, I will not hold The University of Montana legally responsible for actions taken or services not provided by the host institution under this exchange program.

Signature: _____ Date: _____