

LAKELAND
COLLEGE

APPLICATION FOR STUDY ABROAD AT LAKELAND COLLEGE JAPAN PROGRAM

APPLICATION PROCEDURE: Complete this application form and mail it with a \$20.00 non-refundable application fee (check or money order payable to Lakeland College) to:

Lakeland College
Office of Study Abroad
P.O. Box 359
Sheboygan, WI 53082-0359

Phone: (920) 565-1245 or 1-800-569-2166, extension 1245. Fax: (920) 565-1275.

PERSONAL INFORMATION

Full Legal Name: _____
Title First Middle Last Preferred First Name

Permanent Home Address: _____
Street/P.O. Box

_____ City State Zip

Home Telephone: () _____ Cell Telephone: () _____

Current Address: _____
(If different) Street/P.O.Box

_____ City State Zip

Current Telephone: () _____ Cell Telephone: () _____

E-mail Address: _____

Social Security Number: _____ Gender: Male _____ Female _____

Date of Birth: _____ Veteran? Yes _____ No _____

Citizen of: _____ Visa Status: _____
(If not a U.S. Citizen)

Term for which you are applying: _____

If you are under 21 years of age, name, address, and phone number of parent or guardian:

_____ Name

_____ Address Telephone

Name, address, and telephone number of person to contact in case of emergency, if other than parent or guardian listed above:

Name	Relationship to you
Address	Telephone

EDUCATIONAL BACKGROUND

Non-degree/Undergraduate/Graduate student? Please circle one.

Lakeland College Student: Yes ___ No ___ What is your major? _____ minor? _____

Attending another college? Yes ___ No ___ If yes, name of school: _____

Credits completed to date: _____ Grade-point-averages: Cumulative: _____ Major: _____

Status during (first) term at Lakeland College Japan Mark one of the following:

Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ Other (Please specify) _____

Anticipated Graduation Date: _____ Japanese Language Proficiency? Yes ___ No ___

High School: _____

Address	Street/P.O. Box Number	
City	State	Zip

Have you taken the ACT ___ or SAT ___ test? Date of test: _____

List all colleges you have attended. **Official transcripts of all college coursework must be submitted to**

**Office of Study Abroad
Lakeland College
P.O. Box 359
Sheboygan, WI 53082-0359**

Name	Location	Degree(s)	Dates attended

If you are not attending school at this time, please describe what you are doing: _____

How did you learn about the Study Abroad at Lakeland College Japan program? _____

Have you traveled abroad for longer than a week? Yes _____ No _____ If yes, where? _____

PERSONAL STATEMENT

Please attach a statement addressing the question: What are your personal goals and how will participation in this program help you realize them?

LETTER OF RECOMMENDATION

A letter of recommendation from a faculty member at your college/university is required. Letters may be

**mailed to: Rebecca Boyko
 Director of Study Abroad
 Lakeland College
 P.O. Box 359
 Sheboygan, WI 53082-0359**

or e-mailed from a .edu address to: boykorl@lakeland.edu.

DEAN OF STUDENTS REFERENCE

The following must be completed by the Dean of Students Office at your college/university:

Student's Name _____

Is the student named above seeking a degree at your college/university? Yes _____ No _____

Does this student have any judicial record with your institution? Yes _____ No _____

If yes, please comment: _____

Has this student ever been suspended or dismissed from your institution? Yes _____ No _____

If yes, please comment: _____

Signature _____

Title _____

E-mail Address _____

Telephone Number _____ **Date** _____

OPTIONAL

The following information is requested for use in determining some types of financial aid you may be able to receive. This information is NOT used in the determination of your eligibility of admission, nor will it be used in any discriminatory manner.

Ethnic Origin (check one):

American Indian/Alaskan Native _____ Black, non-Hispanic _____ Hmong _____

Asian/Pacific Islander _____ White, non-Hispanic _____ Laotian _____

Hispanic _____ Vietnamese _____ Non-resident Alien _____

Religious preference: _____

READ CAREFULLY AND SIGN

I certify that to the best of my knowledge the statements on this application are correct and complete. Lakeland College has my permission to verify any information on this form.

Applicant's signature _____
Date

Please indicate your choice of courses for the (first) term you plan to Study Abroad at LCJ:

Dept. Course Number *Course Title* *Term*

Dept. Course Number *Course Title* *Term*

Dept. Course Number *Course Title* *Term*

Dept. Course Number *Course Title* *Term*

Lakeland College does not discriminate against any applicant on the basis of race, color, creed, age, sex, national or ethnic origin, veteran status, or handicap as defined by law.