



APPLICATION FOR STUDY ABROAD AT LAKE LAND UNIVERSITY 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 University) to:

Lakeland University
Office of Study Abroad
W3718 South Dr.
Plymouth, WI 53073

Phone: (920) 565-1021 extension.2113 or 1-800-569-2166, extension 2113. Fax: (920) 565-1067.

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
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Address	Telephone
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EDUCATIONAL BACKGROUND

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

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

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

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

Status during (first) term at Lakeland University 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
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City	State	Zip
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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**

**Lakeland University
Office of Study Abroad
W3718 South Dr.
Plymouth, WI 53073**

Name	Location	Degree(s)	Dates attended
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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 University 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: Julia Rodemeier
Associate Dean of Academic Affairs
Lakeland University
W3718 South Dr.
Plymouth, WI 53073

or e-mailed from a .edu address to: rodemeierja@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 University 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 University 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.