



# Framingham State University

## Study Abroad/Exchange Application Form

Please read the application guidance notes before completing this form.

In order for your application to be processed, we must have a completed **Course Enrollment Form** and all supporting documents.

Supporting documents required are:

- ✦ Course Enrollment Form
- ✦ 2 Academic references (1 reference if applying as an exchange student)
- ✦ Academic transcript from your current institution
- ✦ Proof of English proficiency, if English is not your first language
- ✦ Photocopy of picture page of your passport

Please find the Course Catalogue on our website:

<http://www.framingham.edu/registrar/resources/course-offerings.html>

### Deadlines for application

Full Academic Year:	30 April
Autumn Semester only:	30 April
Spring Semester only:	15 October

Applications and supplemental documents may be submitted by email, post or fax.

Postal Address: Office of International Education  
Jane Decatur  
Framingham State University  
100 State Street  
Framingham, MA 01701  
USA

Fax: +00 1 508 626 4598  
Email: [jdecatur@framingham.edu](mailto:jdecatur@framingham.edu)

## STUDY PROGRAM

**Year of entry:**

**Period of study:**

- Fall Semester
- Spring Semester
- Full Academic Year

**Applying as\***

- Exchange student (My home institution has an agreement with FSU)
- Visiting student (I will pay tuition, fees, housing)

*\*If unsure which to choose, please ask your study abroad adviser.*

## PERSONAL DETAILS

**NAME (MUST BE AS IN PASSPORT):**

Last Name:

First Name:

Middle Name(s):

Male  Female

Date of Birth (Month **(IN WORDS)**/DAY/Year): **Month/DD/YYYY**

Country of Citizenship (as in passport):

City of Birth:

Passport Number:

Passport Expiry Date: (MONTH/Day/Year): **Month/DD/YYYY**

Permanent/Home Mailing Address:

Town / City:

Postal / ZIP Code:

Country:

Telephone (in country code):

Email:

Home University:

Current GPA:

Current Year of Study:  1st  2nd  3rd  4th  Other

Major and/or Minor:

Please list ALL courses/modules in which you are currently enrolled:

<ul style="list-style-type: none"> <li>✦</li> <li>✦</li> <li>✦</li> <li>✦</li> <li>✦</li> <li>✦</li> <li>✦</li> </ul>
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**CONTACT DETAILS FOR STUDY ABROAD ADVISER**

Title:

Full Name:

Email:

Office Address:

Town / City:

Postal Code:

Country:

**DISABILITY / LEARNING DIFFERENCE INFORMATION**

The University welcomes students with disabilities and strongly encourages you to disclose any disability or medical condition which may impact your studies. Declaring a disability will not affect the academic decision about your application but will help us put any individual arrangements or facilities in place for the start of your study abroad program at FSU.

Please check any of the following, if applicable:

No known disabilities

Specific Learning Disability eg. dyslexia

Mental health difficulties

Blind / partially sighted

Unseen disability eg. diabetes, epilepsy, asthma

Deaf / hearing impairment

Autistic spectrum disorder / Asperger's Syndrome

Wheelchair user / mobility difficulty

Disability not otherwise listed, please explain below

Please indicate any additional support you may require:

Support is provided through FSU's Center for Academic Support and Advising.

**COMPETENCE IN ENGLISH LANGUAGE**

Is English your first language?  Yes  No

If English is not your first language, you must submit proof of English proficiency from your university.

Are you currently being taught in English?  Yes  No

**HOW DID YOU FIND OUT ABOUT FSU?**

- College Website
- Study Abroad Advisor
- Education Fair
- Friend/Family
- College Publicity
- Faculty
- Other, please explain:

**PERSONAL STATEMENT**

Please tell us a bit about yourself, including your reasons for choosing to study abroad at FSU (please limit to 300 words):

*Continue on a separate sheet if needed.*

**DECLARATIONS**

Do you have any criminal convictions?  Yes  No

(If 'yes', you will be contacted confidentially for further information and to determine your eligibility to attend FSU.)

## Agreements

I hereby authorize, Framingham State University ("FSU"), to reproduce my completed Application Form, Recommendation Form and any other information in support of this application and release them to necessary FSU staff, as needed, for the purpose of work related to my educational experience or to facilitate a response to an emergency situation.

I have read the description of the course of study for which I am applying and accept the arrangements as offered. I certify that the statements I have made on this Application Form are correct and agree to notify FSU if I should fail to remain in good standing at my home institution or suffer a change in circumstances that might compromise my success in studying abroad. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I've certified be false.

I understand that my acceptance as a visiting student at FSU will subject me to the published rules and regulations of Framingham State University with regard to both personal and academic performance, as published in the [College Catalog](#) and [Ram Handbook](#). I understand that failure to comply with these rules and regulations may result in my dismissal from the college and/or loss of academic credit with no refund of any of my paid fees.

I authorize FSU to furnish my home institution any of my academic and personal information that FSU determines, in its sole discretion, is required for the administration of my study abroad program.

I authorize the Framingham State University Office of the Registrar to forward an official transcript of my completed work to the appropriate official at my home institution as listed on my application form.

## Consent to Disclosure of Education Records to Home Institution

I hereby authorize and direct Framingham State University to disclose my education records and other records as described below and/or the information contained therein to my home institution.

The purposes of this disclosure are for FSU to keep my home institution advised of my progress and participation in the study abroad program in which I am participating.

The records and information I authorize and direct to be disclosed by FSU are:

1. My academic transcript or other information relating to my academic performance and progress;
2. Records showing the activities in which I am or have been involved while participating in a study abroad program;
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct by me that did not result in disciplinary proceedings or action arising out of my participation in a study abroad program;
4. Information reflecting any medical or psychiatric emergency or other emergency situations in which I may become involved while participating in a study abroad program; and
5. Records reflecting my payments to FSU and the status of any accounts due and owed by me to FSU.

I confirm that the above information is correct and complete and all supporting documents are correct and authentic. If you are submitting this form electronically, please type your name or enter your electronic signature below. In doing so, you confirm that the above statement is correct, as if the document had been signed and dated by hand.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Course Enrollment Request

For the Course Catalogue go to: <http://www.framingham.edu/registrar/resources/course-offerings.html>

## Important Information

Students are required to take 4 courses per semester. Each FSU course is 1 credit, equal to 4 semester hours of credit in the US system. Enter your choices in vertical order of preference with alternative options listed in the additional columns.

Mark any courses that are required by your home university with an (\*), and we will attempt to prioritise these choices the best we can.

Course code levels:

100-199 Courses that are introductory in nature, assuming no prior college level exposure to the discipline;

200-299 Courses appropriate for students with prior exposure to the college regimen or to the discipline, some with prerequisites;

300-399 Upper level courses that build on previous exposure to the discipline, most with prerequisites;

400-499 Senior level courses, most with prerequisites, including independent studies, internships, seminars, directed studies, and practicum.

Each course offered at the College has a four-character subject code and a three-digit course number, e.g., ENGL 110, followed by a section code, e.g. ENGL 110-005

Course Descriptions. Under each course number and title is a brief description of its content, followed by a statement on prerequisites, if any, explaining the requirements for admission to the course.

Example of online course entries below. When choosing your classes, please pay special attention to days and times of class meetings so that you do not choose classes that conflict.

### **Sociological Theory - 90597 - SOCI 301 - 001**

**Associated Term:** Fall 2010

**Registration Dates:** Mar 29, 2010 to Sep 10, 2010

**Levels:** Non-Matriculated, Post-Baccalaureate, Undergraduate

**Attributes:** Day Div Crs - Undergrad Level

**Instructors:** Benjamin M. Alberti (P)

Main Campus Campus

Lecture Schedule Type

Traditional Instructional Method

1.000 Credits

[View Catalog Entry:](#) (click on link to see course description and any pre-requisites. Example: "An examination of influential explanations regarding the workings of modern society. The course considers enduring concerns such as what drives "progress", what creates social order or crisis, why social divisions exist, and how social forces and individual attitudes and actions influence one another. Prerequisites: SOCI 101 Introduction to Sociology. Completion of at least two other courses in sociology is recommended. Majors only. Permission of instructor required.")

Scheduled Meeting Times:	<u>Type</u>	<u>Time</u>	<u>Days</u>	<u>Where</u>	<u>Date Range</u>
	Class	12:30 pm - 2:20 pm	TF	McCarthy College Center 417	Sep 02, 2010 - Dec 22, 2010
	<u>Schedule Type</u>	<u>Instructor</u>			
	Lecture	Benjamin M. Alberti (P)			

## Course Enrollment Request

Last Name		First name(s)	
Home University		Semester/Yr of study e.g., Fall 10, Spring 11	
Email address			
Registration No (office use only)		Course Code (office use only)	

### Fall Semester Courses

Preference	First Choice	Alternate 1	Alternate
<b>EXAMPLE</b> Codes	90320	Engl 110-005	
<b>Title</b>	Expository Writing		
<b>1</b>	<b>Codes</b>		
	<b>Title</b>		
<b>2</b>	<b>Code</b>		
	<b>Title</b>		
<b>3</b>	<b>Codes</b>		
	<b>Title</b>		
<b>4</b>	<b>Codes</b>		
	<b>Title</b>		

### Spring Semester Courses

Preference	First Choice	Alternate 1	Alternate 2
<b>1</b>	<b>Code</b>		
	<b>Title</b>		
<b>2</b>	<b>Code</b>		
	<b>Title</b>		
<b>3</b>	<b>Code</b>		
	<b>Title</b>		
<b>4</b>	<b>Code</b>		
	<b>Title</b>		

Student signature \_\_\_\_\_ Date \_\_\_\_\_