

INTERNSHIP PROGRAM APPLICATION

Save time, ensure accuracy, and take advantage of the lower application fee (\$30 for online applications, \$50 for hard copy applications). Enter application online at globallinksabroad.org/apply.



Name:

First

Middle

Last

What name do you prefer to be called?

Are you currently attending a degree program? Yes No

If so, please indicate your home institution:

CURRENT ADDRESS:

Street:

City:

State/Prov:

Zip/Postal:

Country:

Cell: ()

Wireless Provider (AT&T, Verizon, Etc.):

Telephone: ()

PERMANENT ADDRESS:

Street:

City:

State/Prov:

Zip/Postal:

Country:

Cell: ()

Telephone: ()

PASSPORT INFORMATION:

Do you have a Passport? No Yes In Process

If no, please obtain a passport application from a post office to begin the process immediately. The issuance of a passport can (at times) take 2 to 3 months.

Date of Expiration:

Country of Issuance:

Have you lived anywhere outside your home country?

PERSONAL INFORMATION:

T-Shirt Size: Men's Women's

XS S M L XL XXL

Gender: M F

Date of Birth (MM/DD/YYYY):

Country of Citizenship:

Country of Birth:

SELECT A PROGRAM

10-Week Internship – Add-on credit for this program is available through Chapman University. Do you wish to receive this credit? Yes No

6-Week Internship (Not available in Hong Kong) – Add-on credit for this program is available through Chapman University. Do you wish to receive this credit? Yes No

Custom Date Internship – Do you plan on arranging credit through your home institution for this program? Yes No (Credit is not provided by Chapman University for this program.)

ETHNIC BACKGROUND (OPTIONAL):

The information requested below is strictly voluntary and will be used only for data collection. It will not be used as a basis for admission or in a discriminatory manner.

African-American

Pacific Islander

Chicano or Latino

White, Non-Hispanic

Multi-Ethnic Background

Asian

American Indian

Other: _____

Hispanic

PROGRAM DATES

10-Week Internship

January 20

May 20

June 20

September 20

6-Week Internship

January 20

May 20

June 20

September 20

Custom Date Internship

Intended Start Date

Intended End Date

COUNTRY OF INTEREST

Australia

New Zealand

Shanghai, China

Hong Kong

Valencia, Spain

Santiago, Chile

London, England

Singapore

No Preference

FOREIGN LANGUAGE PROFICIENCY:

Foreign language proficiency is not required; however, if you plan to take foreign language instruction as part of your academic course load, please indicate the language and your current level of proficiency.

Language:

How many semesters of college have you completed in this language? _____

Level of Proficiency:

Beginner Intermediate Advanced

Would you like to enroll in optional language lessons (Chile, Spain, & China only)? Yes No

SPECIAL NEEDS REQUEST:

Do you have any special needs that should be noted in order to accommodate your participation in this program (i.e. academic, learning, mobility, dietary, etc.)?

STATEMENT OF PURPOSE:

Please take some time to complete the following questions about the type of internship experience you are seeking:

1. Please list the field(s) of study you hope to be placed in for your internship. List up to 3 fields of study in order of preference.
2. Please describe your past and current work experience (including any volunteer work) that relates to the type of internship you are seeking. If you do not have any previous work experience, please tell us what skills you will bring to an internship placement. Please be sure to include this same information on your resume.
3. How will your participation in this internship abroad compliment your academic and professional objectives?
4. Please describe your interests and extracurricular activities.
5. How will an organization benefit by having you as an intern?
6. What other information or specific requests would you like for us to consider when making your internship match?

ACADEMIC INFORMATION:

Home Institution: _____ Class Standing: Freshman Sophomore Junior Senior Other: _____
GPA (on a 4.0 scale) _____ Other universities/colleges attended: _____
Canadian students may use grade average %
Major: _____ Minor: _____ Expected Graduation Date: _____

FINANCIAL/PROGRAM APPROVAL INFORMATION

Do you receive financial aid? YES NO
You should check with your home university's financial aid office about having this financial aid transfer to your program. GlobalLinks Learning Abroad is available to consult with you on these matters.

1) EMERGENCY CONTACT:

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____
Cell #: () _____
Email: _____

EMERGENCY CONTACT DISCLAIMER

Do you give GlobalLinks Learning Abroad permission to provide advice to your emergency contacts with regard to your involvement in the program, including general program details, enrollment, academic, and financial information, and personal emergency health and safety matters? YES NO

2) EMERGENCY CONTACT:

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____
Cell #: () _____
Email: _____

STUDENT STATUS AND PROGRAM INFORMATION:

Please indicate here if you are currently undertaking a degree program or if you have graduated.
 I am undertaking a degree program at my home institution. (Please have your study abroad or international programs advisor complete the following section.)
 I have graduated and am participating in this program on my own. (Please skip the Advisor, Participant Academic Standing and Credit Transfer sections below.)

Please visit your home institution study abroad/international program advisor, or other authorized campus official, to discuss your study abroad plans and to have the following sections completed.

STUDY ABROAD / INTERNATIONAL PROGRAM ADVISOR:

Advisor Name: _____ Title: _____
Institution: _____ Name of Office: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: () _____ Fax: () _____ Email: _____

Signature: _____ Date: _____

ACADEMIC STANDING (To be completed by the home institution advisor.)

Is this student seeking a degree at the home institution? Yes No
Is the student considered to be in good academic standing? Yes No
Has this student ever been involved in any serious legal or disciplinary action while attending your institution? Yes No Unknown (if yes, provide the official record)
Does this student have the home institution's approval to study abroad on this program? Yes No

CREDIT TRANSFER

(For students attending the 10-Week or 6-Week Internship Program who wish to transfer credit, you must have this section completed by your home institution advisor.)
The home institution will transfer credits: Yes No Unknown at this time, as approval will be determined when internship is arranged.
The home institution will transfer credits if the student receives passing marks (students will receive a letter grade for their internship): Yes No

Signature: _____ Date: _____

NOTE: THIS APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING ARE RECEIVED

- Completed application with all signatures
- Statement of Purpose
- MyLearn Account
- \$50 USD (\$30 if you apply online) non-refundable application fee (make checks payable to GlobalLinks Learning Abroad). Do not send cash. Or, if you have a valid fee waiver code, enter it here _____
- Photograph (uploaded online through you MyLearn account)
- Official transcript Two letters of recommendation Cover letter and resume

DECLARATION

I hereby certify that to the best of my knowledge the information provided and the statements I have made on this application are true and complete. I understand that if found otherwise, it is sufficient cause for refusal or dismissal.
I hereby authorize GlobalLinks Learning Abroad to forward copies of my application including transcripts and any and all records to the home/host institutions and associated personnel with regard to participation in this program.
I hereby authorize GlobalLinks Learning Abroad to distribute my name, address, email address, and telephone numbers to other participants who will be attending the program prior to departure.
I hereby authorize the accrediting institution to forward an original transcript to GlobalLinks Learning Abroad, who will then forward the original to my home institution.
I hereby allow the release of information between the host institution/program, the home university, and GlobalLinks Learning Abroad when it concerns enrollment, academic, financial, health, safety, and disciplinary matters.
I hereby acknowledge and agree to the GlobalLinks Learning Abroad Payment Schedule and Cancellation/Refund Policy as located on the website at globalinksabroad.org/refundpolicy.pdf
I hereby give my consent to the GlobalLinks Learning Abroad resident staff or other appointed program official to secure necessary medical treatment through appropriate medical staff in case of extreme medical emergency if I am physically unable to give such consent or when a delay in obtaining such consent could constitute a serious risk of life.
I agree to abide by the rules and regulations of GlobalLinks Learning Abroad, the host institution/program, sponsoring university, and/or program provider. I understand that failure to do so may result in immediate dismissal from the program.

Print Name: _____

Signature: _____ Date: _____

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