



**Old Dominion University**  
**Semester / Year Study Abroad Application**  
**Page Two**

***Other Information***

I do \_\_\_\_ do not \_\_\_\_ intend to apply for financial aid through Old Dominion University.

\*If you plan on using financial aid for study abroad, please be sure to ask the study abroad advisor for a budget.

Extracurricular Activities, Scholarships, Honors:

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**Supporting Documents:**

1. **One Faculty Reference.** Please use the attached form. This must be from an Old Dominion faculty member who has taught you in at least one course. Work supervisors do not count.
2. **Statement of Purpose.** Describe your reasons for wanting to study abroad and how you anticipate that study abroad relates to your personal, academic and career goals. Consider the following questions when preparing this statement:
  - a. How did you initially become interested in study abroad?
  - b. What are your primary goals for this experience?
  - c. Why did you choose this particular country/program?

**\*Note:** It should be one – two pages in length, double-spaced, and typed.

3. **Official transcript(s).** Submit an official transcript for all coursework completed at ODU. Please ask the registrar to send it to the attention of **Michael Dean – Office of Study Abroad, Dragas International Center.** You may also be required to submit official transcripts from all institutions from which you have transferred credit.

**Old Dominion Student Agreement on Use of Financial Aid**

Name: \_\_\_\_\_

UIN: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program term: \_\_\_\_\_

I understand that in order to receive financial aid through ODU during my period of study abroad, I must maintain a courseload equivalent to full-time study at ODU:

**Undergraduate students:** 12 credits per semester, 6 credits during summer

**Graduate students:** 9 credits per semester, 3 credits during summer

Failure to maintain a full-time courseload could result in denial of financial aid for subsequent terms.

I understand that in order for my financial aid for study abroad to be processed, I must submit a budget prepared by the study abroad advisor to the appropriate counselor in the Financial Aid Office. If I withdraw from the program, I need to inform both the Office of Study Abroad and the Financial Aid Office of this change in status.

Under the terms of the exchange agreement, I understand that the Office of Study Abroad will bill my student account regular tuition charges and fees for 12 credits. If my financial aid is not sufficient to cover this charge, I understand that it is my responsibility to pay the balance on my account. In order to expedite this process, I agree to the following:

I understand that I am responsible for the direct payment of all expenses associated with the exchange other than tuition directly to the appropriate source. Questions about this should be directed to the study abroad advisor.

Signature: \_\_\_\_\_

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

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**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

**Confirmation of Enrollment Statement**

If accepted, I fully intend to participate in the D.O.D.D.S. student teaching program.

I understand that a participation fee of \$325 is due **upon my application to the program**, and that this fee is **non-refundable** unless the program is canceled or I am not accepted into the program. I further understand that I may be liable for expenditures made on my behalf by the Office of Study Abroad up to the cost of the published fee for the program. Withdrawal from the program 90 days prior to departure may incur costs beyond the \$325 fee due to requirements by programs for housing, airfare, and other commitments.

Please check one:

\_\_\_\_\_ I am attaching a check in the amount of \$325 payable to Old Dominion University.

\_\_\_\_\_ I hereby authorize the Office of Study Abroad to bill my account for the \$325 participation fee.

Signature: \_\_\_\_\_

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