

**Study Abroad Program Application
UCD- Quinn School of Business**

A copy of a valid passport must be included with your application

Name _____ EMail _____

Date of Birth _____ TUid # _____ Citizen of _____ Gender _____

Home/Permanent Address _____

_____ Phone _____

Campus/Temporary Address _____

_____ Phone _____

College _____ Major _____

Minor _____ Class Status: Sophomore ___ Junior ___ Senior ___

Languages spoken and level of proficiency _____

Please describe any previous international experiences including places and length of stay:

Scholarships or grants currently received (Please provide source and amount):

References: List the two faculty members to whom you have given the Letter of Reference form.

a)

b)

Emergency Contact (Name, Relationship, Address, Phone, email): _____

Official transcript(s) of all previously completed college level work must be submitted in support of this application.

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Please include a personal statement describing yourself and your career goals (your personal and intellectual history, special interests and abilities, future plans, etc.) and a concise but comprehensive summary of how the UCD-Quinn School of Business program fits into your program at Temple.

How did you learn about Temple CIBER's Study abroad Program in Dublin at UCD-Quinn?

Signature of Applicant: I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION PERSONALLY AND THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Applicant Signature _____ Date _____

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Letter of Reference (1)

Name of Applicant _____

Field of Study _____

Reference Requested from: _____
Name Title Department

I hereby authorize _____ to complete this form and ask that the form be sent directly to IGMS/CIBER, Temple University Fox School of Business. I understand that this document will be used to evaluate my qualifications for Temple CIBER's study abroad program through the University College of Dublin – Quinn School of Business and will be part of my application file. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation. []Yes []No

TO BE COMPLETED BY REFEREE

1) How long have you known the applicant and in what capacity _____

2) In evaluating the applicant, please give your opinion of his/her personal or professional qualifications for participation in a study abroad program, adaptability, and promise of future growth. Please comment specifically on his/her academic preparation for the study he/she proposes to undertake.

Signed _____ Date _____

Title _____ Department _____

**Study Abroad Program Application
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Letter of Reference (2)

Name of Applicant _____

Field of Study _____

Reference Requested from: _____
Name Title Department

I hereby authorize _____ to complete this form and ask that the form be sent directly to IGMS/CIBER, Temple University Fox School of Business. I understand that this document will be used to evaluate my qualifications for Temple CIBER's study abroad program through the University College of Dublin – Quinn School of Business and will be part of my application file. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation. []Yes []No

TO BE COMPLETED BY REFEREE

1) How long have you known the applicant and in what capacity _____

2) In evaluating the applicant, please give your opinion of his/her personal or professional qualifications for participation in a study abroad program, adaptability, and promise of future growth. Please comment specifically on his/her academic preparation for the study he/she proposes to undertake.

Signed _____ Date _____

Title _____ Department _____