Lyon College
Application for Independent Study Abroad

Date: _____

Name: _____ Student ID No._____
(print)

Classification (circle): Freshman Sophomore Junior Senior

Cumulative Lyon GPA of **3.0** or higher (circle) Yes No

Campus Address

Campus Box _____ Dorm & Room_____

Phone _____ Email _____

Home or Off Campus Address

Street/Box_____ City/State/Zip_____

Phone _____ Email _____

Please indicate the term(s) and year(s) you are planning to study abroad.

Term(s) Fall _____ Spring _____ Summer _____
(year) (year) (year)

Are you requesting to use a Nichols international travel grant to cover a portion of the cost of study abroad?

_____ Yes, I plan to use the grant. _____ No, I do not plan to use the grant.

Note: Students who have used a Nichols stipend previously are not eligible to receive another, and if you use one now you will not be eligible to use one on a Nichols trip.

Please indicate how you can be contacted while you are abroad**. (Required)**

Contact Person and Title _____

Address _____

_____

Phone _____ Fax _____

E-Mail _____

Proposed Course of Study

Course names *(and descriptions, including labs)*

	Hours	Credit
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Program related internship *(explain)*

_____

_____

_____

_____

Credit Hour Allocation (circle)

Major _____ hours Minor _____ hours

Core _____ hours Concentration _____ hours

Elective _____ hours

The allocation of credit as stated above is recommended by:

Faculty Adviser *_____ Date _____

Division Chair _____ Date _____

Nichols Director _____ Date _____

*Note: A recommendation letter from the student's academic adviser must be included with the application. See attached form.

Proposed Living Arrangements (Required)

_____

_____

_____

_____

Prior to final approval of applications for study abroad, students must meet with the director of student financial aid and sign the a statement indicating acceptance of the finance aid offered during the period of their study abroad. The financial aid form must be approved by the director of financial aid and attached to the application before the application will be considered by the dean of the faculty.

Attached Supporting Materials

( ) Recommendation of faculty adviser

( ) Approved financial aid package

( ) Any other materials required to process application

List:

Application review by the dean of the faculty on _____ .

Application: Approved Denied

Signature:_____
(signature of the dean of the faculty)

Copies to:
Student
Faculty Adviser
Nichols International Studies Program
Registrar

Letter of Recommendation for
Independent Study Abroad

STUDENT: Give this sheet to your faculty adviser, to be filled out and returned to the director of the Nichols International Travel Program.

Student's Name _____
(print or type)

I **do** / **do not** (circle one) waive my right of access to this letter.

Student's Signature _____

ADVISER: Please assess this student's suitability to perform independent study abroad through the Nichols International Studies Program.

1. Address the student's academic strengths and weaknesses.
2. Estimate the student's adaptability to a foreign environment.
3. Assess how the student's projected course of study will contribute to his or her education. Please note any difficulties a semester abroad might entail in the student's completion of a major, minor, and/or concentration.

You may attach your letter to this sheet or use the space below.

_____ _____
Faculty Signature Date