

Lawrence University Off-Campus Study Proposal

Deadline for Summer 2010 and 2010-11 programs → February 1, 2010

This packet contains all materials necessary to propose study on an affiliated off-campus study program to the Lawrence University Subcommittee on Off-Campus Study.

Affiliated program providers require additional materials for their review process. These materials are available from the websites of the specific programs.

Please contact the Off-Campus Programs Coordinator if you have questions about the application process.

Please note the following about the proposal process:

- The Lawrence application deadline for affiliated programs for the 2010-2011 academic year is February 1, 2010 when all application materials are due to the Off-Campus Programs office. Students need to submit *both* the Lawrence proposal application *and* the program's application to the Off-Campus Programs office by this deadline (even in cases where the program's application deadline is after Lawrence's deadline). It is your responsibility to make certain that all materials are delivered by the February 1st deadline. Incomplete proposals may not be considered. Program applications submitted in hard-copy should be brought to the Off-Campus Programs office for approvals and mailing. The Off-Campus Programs office must be informed of all program applications submitted online. If your program has an application deadline before late-February (such as the *Japan Study*, *Associated Colleges in China*, and *Arcadia Oxford* programs), you should contact the Off-Campus Programs Coordinator to initiate early approval of your Lawrence application so you can meet the program's application date.
- Request one official Lawrence transcript be sent to the Off-Campus Programs office. This will be included and sent on with your program application once gaining Lawrence's approval so you do not need to request additional transcripts. Note that the Registrar's Office requires one week to process transcript requests.
- The first page of the Lawrence proposal and faculty recommendation forms require you to complete a list of intended courses you wish to take while on your off-campus program. Course listings are available from the program's website and/or brochure. For some programs, courses may vary from year to year and a set list of offered courses may not be available by the application deadlines. The most updated information on course availability is available from the office or website of the specific program so students should consult the program's website or contact the program administration for a list of likely courses and select a tentative course plan as well as an acceptable list of alternative courses in the event of changes to courses offered.
- When listing proposed coursework on Lawrence application forms, it is important to note the amount and type of credit granted for proposed courses. In most cases, the type of credit issued is not directly equivalent to Lawrence units (meaning, a course worth 3 semester hour credits is not the same as 3 Lawrence units). See the 'Credit, Course Load, and Grade Information' sheet from the Off-Campus Programs office for guidance on how credit from off-campus study programs will be translated back to Lawrence.
- You do not need to collect approval signatures from the Off-Campus Programs Coordinator or Dean of Students before submitting application materials.
- Application fees may be required for some programs. Application fees for IES programs are waived for Lawrence students.
- Information regarding your off-campus study proposal is sent to your Lawrence email account and it is your responsibility to check and respond to this account.
- The Subcommittee on Off-Campus Study will review all proposals and attempt to notify students of its decisions by the end of winter term. The evaluation criteria can be found on the Off-Campus Programs website. Please note that an affirmative decision by the Subcommittee means that your proposal will be forwarded, bearing record of Lawrence's review and approval, to the program sponsor for their final admission decision. Notification of those decisions can take upwards of six to eight additional weeks.

LAWRENCE UNIVERSITY

Off-Campus Study Proposal for Affiliated Programs

Name: _____ ID #: _____

Proposed Program (e.g., IES Milan): _____

Period of Study (check one):

- Summer
 Fall Term
 Fall Sem
 Spring Sem
 Spring Term
 Academic Year

Proposal Essays

1 - How will the proposed off-campus study deepen and enhance your liberal arts education at Lawrence University? Explain why you have selected this proposed program, provide examples of your academic preparation for the program and how it supports and/or extends your major and minor programs (with reference to your course choices). Describe how this program will augment your pursuit of a liberal arts education. Do you have additional goals for the program (e.g., language study, independent study, internship, etc.)? This essay should be about two double-spaced pages in length.

2 - What kind of cultural immersion do you expect and how will you make the most of this experience? Off-campus study immerses students in other cultures and/or educational environments to maximize academic and personal growth both in and out of the classroom. How do you intend to learn about and from the environment(s) where you will live and study? What personal strengths do you have to support your success in this program? What do you foresee being your biggest challenge in studying off-campus? This essay should be one to two double-spaced pages in length.

Academic Agreement for Off-Campus Study

I understand that I must enroll for a full time course load, that I must inform the Off-Campus Programs Office of any deviation from the course choices listed in this proposal, that affiliated program courses will be treated as Lawrence credit, that program course grades will be factored into my Lawrence degree GPA, and that I will only receive credit for the program courses appropriate to the Lawrence curriculum.

Signature: _____ Date: _____

Curricular Plans

List the program courses for which you plan to register. You should list alternate courses in case your primary choices are not available. If you have questions, contact the Off-Campus Programs office.

Primary Course Choices	Cr *

Alternate Course Choices	Cr *

* Please indicate the **amount & type** of credit awarded for successful completion of each course. Note if credit is awarded in semester hours, contact hours, or other types of credit. Not all courses will be transferred to Lawrence for 6 units and listing the type of credit is necessary in computing full-time status and aid eligibility.

Please list faculty members from whom you have requested Lawrence application recommendation forms:

- * Advisor: _____ * Second Advisor (if applicable): _____
 * Academic Rec: _____ * Language Proficiency (if applicable): _____

Lawrence University - Off-Campus Study Recommendation Faculty Advisor

To be completed by student:

Student Name: _____

Program & period of study (*e.g.*, IES Milan Fall semester 2010): _____

Print name of faculty recommender: _____

You should offer to discuss your off-campus study plans and provide any additional information (program information, course syllabi where available, your application essays, etc.) with the provider of this recommendation. Please be considerate of the time it takes to give a thoughtful evaluation and give this form to the recommender *at least 7 days* in advance of the deadline. Please be certain that your recommender is aware of the deadline for returning this form to the Off-Campus Programs office.

Applicant Waiver: I waive my right to inspect or review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications to study off-campus. The completed form will be sent or delivered directly to the Off-Campus Programs office in the International House.

Student Signature: _____ Date: _____

Proposed Coursework:

Primary Course Choices	Cr *

Alternate Course Choices	Cr *

* Please indicate the **amount & type** of credit awarded for successful completion of each course. Note if credit is awarded in semester hours, contact hours, or other types of credit. Not all courses will be transferred to Lawrence for 6 units and listing the type of credit is necessary in computing full-time status and aid eligibility.

To be completed by academic advisor:

The purpose of this recommendation is to provide the Subcommittee on Off-Campus Study with your candid opinion as to whether the proposed program is an appropriate academic and personal choice for the student at this point in her/his Lawrence career.

**Please return to Laura Zuege
in the International House
by February 1, 2010**

How long have you been her/his advisor? _____ terms Have you taught this student in a course? Y N
 Have you discussed this program selection with this student and/or read the student's proposal essays? Y N

Is off-campus study a good choice for the student at this point in her/his Lawrence career? How would you assess the student's academic preparation and overall motivation for this program? Please elaborate.

Does the student have the intellectual ability and personal maturity to achieve her/his goals for this program and ability to confront the unexpected challenges of living and studying in an unfamiliar environment?

Please elaborate below. Yes No No Basis for Judgment

What are the student's other strengths and/or weaknesses relevant to this program?

Overall, you _____ this student for this off-campus study program. (Please check one.)

Highly Recommend Recommend Recommend with Qualifications Do Not Recommend

If you do not recommend or recommend with qualifications, please explain above or include additional information.

Based on course titles and/or course syllabi, please list those courses which will or may meet requirements in the student's major, minor, and/or general education requirements. Assume that each 3 or 4 semester credit course is roughly equivalent to one Lawrence course.

WILL COUNT

MAY COUNT *

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* Please discuss with the student the specific issues(s) she/he must address in order to gain approval.

Name: _____

Signature: _____ Date: _____

Lawrence University - Off-Campus Study Recommendation

Second Faculty Advisor (for double-degree and other students with two advisors)

To be completed by student:

Student Name: _____

Program & period of study (e.g., IES Milan Fall semester 2010): _____

Print name of faculty recommender: _____

You should offer to discuss your off-campus study plans and provide any additional information (program information, course syllabi where available, your application essays, etc.) with the provider of this recommendation. Please be considerate of the time it takes to give a thoughtful evaluation and give this form to the recommender *at least 7 days* in advance of the deadline. Please be certain that your recommender is aware of the deadline for returning this form to the Off-Campus Programs office.

Applicant Waiver: I waive my right to inspect or review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications to study off-campus. The completed form will be sent or delivered directly to the Off-Campus Programs office in the International House.

Student Signature: _____ Date: _____

Proposed Coursework:

Primary Course Choices	Cr *

Alternate Course Choices	Cr *

* Please indicate the **amount & type** of credit awarded for successful completion of each course. Note if credit is awarded in semester hours, contact hours, or other types of credit. Not all courses will be transferred to Lawrence for 6 units and listing the type of credit is necessary in computing full-time status and aid eligibility.

To be completed by second academic advisor:

The purpose of this recommendation is to provide the Subcommittee on Off-Campus Study with your candid opinion as to whether the proposed program is an appropriate academic and personal choice for the student at this point in her/his Lawrence career.

**Please return to Laura Zuege
in the International House
by February 1, 2010**

How long have you been her/his advisor? _____ terms Have you taught this student in a course? Y N
 Have you discussed this program selection with this student and/or read the student's proposal essays? Y N

Is off-campus study a good choice for the student at this point in her/his Lawrence career? How would you assess the student's academic preparation and overall motivation for this program? Please elaborate.

Does the student have the intellectual ability and personal maturity to achieve her/his goals for this program and ability to confront the unexpected challenges of living and studying in an unfamiliar environment?

Please elaborate below. Yes No No Basis for Judgment

What are the student's other strengths and/or weaknesses relevant to this program?

Overall, you _____ this student for this off-campus study program. (Please check one.)

Highly Recommend Recommend Recommend with Qualifications Do Not Recommend

If you do not recommend or recommend with qualifications, please explain above or include additional information.

Based on course titles and/or course syllabi, please list those courses which will or may meet requirements in the student's major, minor, and/or general education requirements. Assume that each 3 or 4 semester credit course is roughly equivalent to one Lawrence course.

WILL COUNT

MAY COUNT *

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* Please discuss with the student the specific issues(s) she/he must address in order to gain approval.

Name: _____

Signature: _____ Date: _____

Lawrence University - Off-Campus Study Recommendation
Academic Recommendation (to be completed by a faculty member other than student's advisor)

To be completed by student:

Student Name: _____

Program & period of study (e.g., IES Milan Fall semester 2010): _____

Print name of faculty recommender: _____

You should offer to discuss your off-campus study plans and provide any additional information (program information, course syllabi where available, your application essays, etc.) with the provider of this recommendation. Please be considerate of the time it takes to give a thoughtful evaluation and give this form to the recommender *at least* 7 days in advance of the deadline. Please be certain that your recommender is aware of the deadline for returning this form to the Off-Campus Programs office.

Applicant Waiver: I waive my right to inspect or review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications to study off-campus. The completed form will be sent or delivered directly to the Off-Campus Programs office in the International House.

Student Signature: _____ Date: _____

Proposed Coursework:

Primary Course Choices	Cr *

Alternate Course Choices	Cr *

* Please indicate the **amount & type** of credit awarded for successful completion of each course. Note if credit is awarded in semester hours, contact hours, or other types of credit. Not all courses will be transferred to Lawrence for 6 units and listing the type of credit is necessary in computing full-time status and aid eligibility.

To be completed by faculty recommender:

The purpose of this recommendation is to provide the Subcommittee on Off-Campus Study with your candid opinion as to whether the proposed program is an appropriate academic and personal choice for the student at this point in her/his Lawrence career.

**Please return to Laura Zuege
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by February 1, 2010**

In how many of your courses has the student participated? _____ course(s)

Please list the courses: _____

Among other students you have taught, how would you rate this student on a combined measure of academic performance and personal potential? top 10% upper 25% upper 50% lower 50%

In comparison with other students you have known at comparable stages in their careers, please rate this student on each of the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Intellectual ability					
Writing ability					
Ability to express him/herself or ally					
Ability to pursue independent research & work					
Initiative and academic motivation					
Preparation for class					
Ability to cope with ambiguity					
Ability to work with peers					
Common sense and good judgment					

Is off-campus study a good choice for the student at this point in her/his Lawrence career? How would you assess the student's academic preparation and overall motivation for this program? Please elaborate.

Does the student have the intellectual ability and personal maturity to achieve her/his goals for this program and ability to confront the unexpected challenges of living and studying in an unfamiliar environment?

Please elaborate below. Yes No No Basis for Judgment

What are the student's other strengths and/or weaknesses relevant to this program?

Overall, you _____ this student for this off-campus study program. (Please check one.)

Highly Recommend Recommend Recommend with Qualifications Do Not Recommend

If you do not recommend or recommend with qualifications, please explain above or include additional information.

Name: _____

Signature: _____ Date: _____

Off-Campus Study Language Proficiency Report

* To be requested of the instructor of your most recently completed course in the language of the proposed off-campus study.

* This form is not required for applications to off-campus programs not requiring previous language instruction.

To be completed by student:

Student Name: _____

Program & period of study (e.g., IES Milan Fall semester 2010): _____

Print name of faculty recommender: _____

Please be considerate of the time it takes to give a thoughtful evaluation and give this form to the instructor *at least 7 days* in advance of the deadline. Please be certain that the evaluator is aware of the deadline for returning this form to the Off-Campus Programs office.

Applicant Waiver: I waive my right to inspect or review this evaluation and understand that this will be used only for the purpose of evaluating my qualifications to study off-campus. The completed form will be sent or delivered directly to the Off-Campus Programs office in the International House.

Student Signature: _____ Date: _____

List the relevant language courses that you have completed (class titles & grade received) and/or that are in progress (class titles only for courses in progress)

Class title	Grade

Class Title	Grade

What, if any, other experiences have you had in the required language? _____

To be completed by the language instructor:

1. Please indicate your opinion of the student's language ability in each of the following categories.

Aural Comprehension

- None
- Limited to slow, uncomplicated sentences
- Understands simple conversation
- Understands conversation on simple academic topics.
- Understands sophisticated discussion of academic topics.

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Speaking Ability

- None
- Able to complete structurally simple, short phrases
- Uses basic grammatical structure, speaking with limited vocabulary
- Uses structural patterns, but not with consistent accuracy, adequate to participate in conversational topic
- Has control over structural patterns; can handle a wide range of conversational topics

Reading Ability

- None
- Limited to simple vocabulary and sentence structure
- Understands conversational topics and non-technical subjects
- Understands materials which contains idioms and specialized terminology
- Understands sophisticated materials, including those of proposed field of study

Writing Ability

- None
- Writes simple sentences on conversational topics, with some errors in spelling and structure
- Writes on academic topics with few errors in structure and spelling
- Writes with idiomatic ease of expression and feeling for the style of the language

2. What is your opinion of the student's ability to pursue college-level coursework in this language?
- Will require considerable training before necessary competence can be attained
 - Will require additional training
 - Should be able to manage adequately after a short period of adjustment abroad
 - Should have no difficulty

3. How was the evaluation determined?
- Based on knowledge of the student's coursework at Lawrence
 - Written examination
 - Oral examination

4. Please add any additional comments relating to the student's linguistic ability.

5. Overall, you _____ this student for off-campus study in this language. (Please check one.)
- Highly Recommend Approve Conditionally Approve Do Not Approve

In the case of conditional approval, what are the conditions the student must satisfy to receive your clearance for off-campus study in this language?

Name: _____

Signature: _____ Date: _____

STUDENT WAIVER AND RELEASE
THIS IS A WAIVER AND RELEASE OF CERTAIN LEGAL RIGHTS
PLEASE READ IT CAREFULLY

The undersigned student of Lawrence University of Wisconsin (hereinafter, "Lawrence University"), having applied to participate in the _____ Program (hereinafter, the "Program"), in consideration of the opportunity to gain certain academic credit awarded by Lawrence University for the participation in the Program, and/or for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, agrees as follows:

1. Release of Liability. I hereby forever release Lawrence University, its trustees, officers, faculty, employees, staff, directors, and any agents of any kind thereof (hereinafter, collectively the "Released Parties"), from any and all liability for any act or omission of any kind or character whatsoever arising from or out of my participation in the Program, including without limitation all costs, damages, claims or assertions of any kind with respect to which I or my family, estate, heirs, successors or assigns may claim against the Released Parties.

2. Release of Liability—Third Parties. I hereby forever release Lawrence University and the Released Parties from any and all liability for injury to myself or damage to or loss of my property caused by any acts or omissions of any kind or character whatsoever of: hotels and other residential facilities, common carriers, health care providers, restaurants and food service providers, educational organizations, fellow students participating in the Program, or other third parties related to, or connected in any way with work or study conducted under the Program, including without limitation any costs, damages, claims or assertions of any kind with respect to which I or my family, estate, heirs, successors or assigns may claim against the Released Parties.

3. Assumption of Risk. I understand and hereby acknowledge, independently of any advice or representation made by Lawrence University, that participation in an off-campus program and especially traveling and residing outside of the United States presents certain inherent risks beyond Lawrence University's control, and which may exist regardless of whether Lawrence University controls or attempts to control such risks. I am participating in the Program with this understanding and hereby knowingly and voluntarily assume all risks of injury, illness, death or damage to or loss of my property which may occur while traveling, working, studying, participating in, or otherwise engaging in any activities arising out of or related in any way to the Program. My participation in the Program is voluntary, and I understand and hereby acknowledge that I may discontinue my participation at any time in light of the risks I am assuming hereunder.

4. Establishment of Rules and Regulations. I agree that Lawrence University, through the Program director and/or such other officers, faculty, employees, staff or agents as Lawrence University deems necessary, shall have the authority to establish rules and regulations regarding the conduct of students participating in the Program. I further agree that I will follow, and be bound by all rules and regulations pertaining to my participating in the Program, and, if any determination is made by Lawrence University or the Program director that my participation in the Program should be terminated or otherwise restricted or limited because of my: (i) violation of such rules and regulation; (ii) disruptive behavior, or (iii) conduct which may jeopardize the Program's continuation or academic reputation, that such a determination will be final.

5. Insurance. I understand and hereby acknowledge that Lawrence University has no insurance program that will pay for, or reimburse me for, any expenses of any kind that I may incur for treatment of illness or injuries required while participating in the Program. I hereby assume all responsibility for any such expenses, and expressly warrant and represent to Lawrence University that I have obtained, paid all applicable premiums for, and will be covered at all times during my participation in the Program, by a medical insurance policy *in addition* to the Lawrence-mandated international study medical and evacuation/repatriation policy administered by Cultural Insurance Services International (CISI). A description of coverage for the CISI policy is available from the Off-Campus Programs office in the International House. I understand the coverages, exclusions, and limitations of both medical insurance policies, have determined that they provide appropriate coverage in light of the risks I am assuming, and that such coverages, exclusions and limitations are acceptable to me.

(over)

6. Authorization to Obtain Medical Care. I agree that, in the event that I am unable to request or give my consent to any medical treatment because of illness or injury, that the Program director, Lawrence University or Lawrence University's employees or agents, may and are hereby expressly authorized to: (i) seek medical treatment on my behalf in case of emergency or other urgent circumstances; and (ii) provide the information regarding my insurance provided by CISI, without incurring any liability, responsibility, or other obligation for the nature, character, and extent of such medical treatment, including without limitation financial liability for the payment of expenses incurred as a result of the treatment of my illness or injuries, and which I hereby acknowledge may exceed the benefits provided by the CISI insurance policy described in Paragraph 5. I understand and hereby acknowledge that Lawrence University may not be able to contact my parent(s), legal guardian(s), and/or indicated emergency contact(s) to approve or obtain their consent to my medical treatment. I further understand and hereby acknowledge that any liability of Lawrence University's arising from or out of its request for or consent to medical treatment necessitated by my illness or injury on my behalf is specifically included within the releases given in Paragraphs 1 and 2, above.

7. Superseding Agreement. I agree that the terms and conditions of this Student Waiver and Release, and the acknowledgement made herein, shall supersede and take precedence over any other agreement, documentation, or representations, whether oral or in writing, regarding the subject matter of this Student Waiver and Release.

8. Governing Law, Forum and Severability. I further agree that this Student Waiver and Release shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Student Waiver and Release or the Program. The terms and provisions of this Student Waiver and Release shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Student Waiver and Release, the validity of the remaining portions shall not be affected thereby.

9. Representations. I represent that: (i) I am an adult of ____ years of age, having been born on _____; (ii) I have the legal capacity to execute this agreement with Lawrence University and waive certain of my legal rights as provided herein; and (iii) I have read each paragraph and fully understand the terms and conditions of this Student Waiver and Release and I have been provided with the opportunity to discuss it with my parents and/or legal guardian, Lawrence University, and/or anyone else of my choosing.

Print full name of student: _____

Signature: _____ Date: _____

Student Acknowledgment of Recommendation for Financial Aid Meeting

I have met with the financial aid office and have been informed of the financial aid policies as they pertain to off campus study. If I receive a merit scholarship from Lawrence University, I understand that this scholarship will **not** be applicable to my term(s) off-campus nor will the amount I forgo for that term(s) be applied to another term in the academic year. If I apply for financial aid and have demonstrated financial need, I may be awarded a limited amount of need-based Lawrence University Grant aid for my term(s) studying off campus.

Student Name (Printed)

Student Signature

Date

Financial Aid Officer Signature

Date

The Off-Campus Programs Coordinator has encouraged me to meet with the financial aid office; however, I have chosen to waive this opportunity. If I have not met with the Off-Campus Programs Coordinator previous to completing the off-campus study application, I understand that I am encouraged to meet with the financial aid office to discuss how studying off-campus may impact my financial aid award and status. If I receive a merit scholarship from Lawrence University, I understand that this scholarship will not be applicable to my term(s) off-campus nor will the amount I forgo for that term(s) be applied to the other term(s) in the academic year. Furthermore, I understand that under the financial aid policy for off-campus study, my institutional need-based award may be reduced for my term(s) off-campus.

Student Name (Printed)

Student Signature

Date