



Attach six passport-sized photographs to this space. Be sure to print and sign your name on the back of each photo.

interstudy SOUTHERN AFRICA APPLICATION FORM

applicant's full name (please print clearly)

leave blank

Part A

THE GENERAL FORM

\$35 Application Fee: Please either enclose a check made payable to interstudy, complete the credit card details below or visit www.interstudy.org to pay on-line.

Mastercard or VISA only:

Account No: Expiration Date:



Cardholder's Name:

Year of Enrollment () Period () Jan-Jun Jul-Dec Full Year

Program Choice Preference, ... highest 1 to lowest 4

- Botswana
 Cape Town
 Fort Hare
 KwaZulu-Natal - Howard
 KwaZulu-Natal - Pietermaritzburg
 Nelson Mandela
 Rhodes
 Stellenbosch
 Western Cape
 Witwatersrand

Personal File Data | PLEASE PRINT CLEARLY

name last	first	middle
preferred name/nickname	birthdate (day/month/year)	age
female <input type="checkbox"/> male <input type="checkbox"/> (<input type="checkbox"/>)	social security number	

College or Temporary Mailing Address

number/street/box	city
state	zip
country	date from: to:
tel (cell)	tel (campus)
your email (all interstudy correspondence will be sent to this address)	

Permanent Address

number/street/box	city
state	zip
country	country
father/guardian name:	mother/guardian name:
Resides at above address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resides at above address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email address:	Email Address:

How did you hear about interstudy? () interstudy website Adviser Alumni Study Abroad Fair
 studyabroad.com go abroad.com Friend Other

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Part A THE GENERAL FORM

Educational Profile class standing (at time of application) First Year Sophomore Junior Senior Graduate

current home institution date first enrolled

institution previously attended 1 dates of enrollment 1

institution previously attended 2 dates of enrollment 2

academic major(s)

academic minor(s)

cumulative grade point average

Applicant's Statement

"I hereby make application to the interstudy Program(s) shown on the **Application Form Part A**, and I do so on the understanding that, should I accept an offer of admission made to me, I will agree to accept and abide by the conditions of application and enrollment, and by the regulations of the Program Institution(s), all as set out in the interstudy Catalog for South Africa."

applicant's signature

date

Application Approval (Dean or Study Abroad Adviser)
No application may be considered by a Program Selection Committee without the signed approval of an applicant's Dean or designated Study Abroad Adviser. The following approval statement is provided for this purpose.

"I hereby certify that the student submitting this application does so in good standing, with full permission and the endorsement of this institution, and for a program of courses deemed satisfactory as listed. I further certify that if offered a place on the Program(s) indicated the student would be entitled to readmission upon return, subject to satisfactory performance."

name

title

institution

address

tel fax

email

signature date

Note An official interstudy transcript is issued on completion of enrollment. The following additional documents are also available if required
 Host University Transcript U.S. School of Record Transcript



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Part B

COURSE REQUEST FORM

Course Request

For your 1st Choice host university in **Part A**, select eight (8) courses in order of preference (highest **1** to lowest **8**) and enter them below using full departmental/course codes and course titles. Please refer to the individual program sections of the **interstudy** website for detailed instructions on how to select courses. If listing more than eight courses, use the **Additional Information** space provided at bottom of page

If you are applying under the 'Two-Campus Option' please use the grids corresponding to your preferences. Courses can be changed during the PreRegistration period.

1st Choice Host University enter name here

Semester I (Jan-Jun) enter course code and title below:

1	dept code	course code	course title
2	dept code	course code	course title
3	dept code	course code	course title
4	dept code	course code	course title
5	dept code	course code	course title
6	dept code	course code	course title
7	dept code	course code	course title
8	dept code	course code	course title

Semester II (July-Dec) enter course code and title below:

1	dept code	course code	course title
2	dept code	course code	course title
3	dept code	course code	course title
4	dept code	course code	course title
5	dept code	course code	course title
6	dept code	course code	course title
7	dept code	course code	course title
8	dept code	course code	course title

Special course or other academic requirements, including additional courses for your selected host program university, should be detailed here. Be sure to highlight **any specific course(s) you must take in fulfilment of Major, Minor or General Degree requirements.**

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.....

continued overleaf...

interstudy SOUTHERN AFRICA
APPLICATION FORM



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leave blank

Part B COURSE REQUEST FORM

Coursework in Progress
List here by title the courses you are currently taking at your Home institution during the period up to the term or semester(s) for which you are making application.

[Dotted lines for course listing]

Any additional information regarding your application.

[Dotted lines for additional information]



interstudy SOUTHERN AFRICA APPLICATION FORM

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leave blank

Part C1

GENERAL RECOMMENDATION FORM

Applicant Details (applicant to complete)

name		
class	major	email

Applicant Waiver (US applicants only)

Consistent with the provisions of the Family Education Rights and Privacy Act 1974, currently in force in the USA, interstudy undertakes to uphold your right of access to this Academic Recommendation Form when submitted. However, under the Act you may elect to waive your right of access and by doing so to render this a **confidential** recommendation. If you decide to waive your right of access please signify by signing the following waiver.

"I understand that the completed recommendation below will be used solely for the purpose of my application to interstudy and on that understanding I hereby waive my right of access to it."

applicant's signature
date

Applicant Instructions This section **Form C1** should be completed by a faculty member or academic adviser familiar with your general academic performance.

Recommendation Instructions The above student has made application for admission to an interstudy Program in Botswana. All applications must be supported by two recommendations. **Form C1** must be furnished by a faculty member or adviser familiar with the candidate's general academic performance and **Form C2** must be completed by a faculty member in the candidate's major subject area. Recommendations must be typed on University or College letterhead. Having regard to the above **Applicant Waiver**, the Program Selection Committee would welcome below an assessment of the student's academic and other qualifications, as well as suitability for a program of full-time degree-level study in Southern Africa. This completed **Academic Recommendation Form C1**, signed and dated as requested, should be mailed or faxed to the interstudy Admissions office (see reverse for contact details).

name	
title	
institution	
department	
address	
tel	fax
email	
signature	date

interstudy SOUTHERN AFRICA
APPLICATION FORM



applicant's full name (please print clearly)

leave blank

Part C1

GENERAL RECOMMENDATION FORM

Note: Recommendations must be submitted on university or college letterhead.

This completed **Academic Recommendation Form C1**
should be mailed or faxed to:

Admissions Office
interstudy **USA**
63 Edward Street
Medford MA 02155-6653
USA

Fax 781.391.7463

Toll-Free 800.663.1999

email studyabroad@interstudy.org

For detailed information about application and admissions see the relevant pages of the current catalog
or visit www.interstudy.org



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leave blank

Part C2

MAJOR ACADEMIC RECOMMENDATION FORM

Applicant Details (applicant to complete)

name		
class	major	email

Applicant Waiver (US applicants only)

Consistent with the provisions of the Family Education Rights and Privacy Act 1974, currently in force in the USA, **interstudy** undertakes to uphold your right of access to this Academic Recommendation Form when submitted. However, under the Act you may elect to waive your right of access and by doing so to render this a **confidential** recommendation. If you decide to waive your right of access please signify by signing the following waiver.

"I understand that the completed recommendation below will be used solely for the purpose of my application to **interstudy** and on that understanding I hereby waive my right of access to it."

applicant's signature
date

Applicant Instructions This section **Form C2** should be completed by a faculty member in your **major** subject area

Recommendation Instructions The above student has made application for admission to an **interstudy** Program in Southern Africa for enrollment during the 2007/8 or 2008/9 academic year. All applications must be supported by two recommendations. **Form C1** must be furnished by a faculty member or adviser familiar with the candidate's general academic performance and **Form C2** must be completed by a faculty member in the candidate's major subject area. Recommendations must be typed on University or College letterhead. Having regard to the above **Applicant Waiver**, the Program Selection Committee would welcome below an assessment of the student's academic and other qualifications, as well as suitability for a program of full-time degree-level study in Southern Africa. This completed **Academic Recommendation Form C2**, signed and dated as requested, should be mailed or faxed to the **interstudy** Admissions office (see reverse for contact details).

name	
title	
institution	
department	
address	
tel	fax
email	
signature	date

interstudy SOUTHERN AFRICA
APPLICATION FORM



applicant's full name (please print clearly)

leave blank

Part C2

MAJOR ACADEMIC RECOMMENDATION FORM

Note: Recommendations must be submitted on university or college letterhead.

This completed **Academic Recommendation Form C2**
should be mailed or faxed to:

Admissions Office
interstudy **USA**
63 Edward Street
Medford MA 02155-6653
USA

Fax 781.391.7463
Toll-Free 800.663.1999
email studyabroad@interstudy.org

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