



STUDENT APPLICATION FOR:

Center for Holy Lands Studies Summer Institute or
Bible Lands Study Tour

Please email completed application to holylandsstudies@ag.org or
mail to 1445 N Boonville Ave, Springfield, MO 65802, Attn. AGCHLS

A. PERSONAL INFORMATION

1. Name _____
2. Primary Email _____
3. Date of Birth _____ 4. Country of Citizenship _____ 5. Gender _____
6. School Address _____
Street _____
City _____ State _____ Postal code _____ Country _____
7. Home Phone No. (____) _____ 8. Cell/Campus Phone No. (____) _____
8. Please indicate to which program you wish to apply: Summer Institute Bible Lands Study Tour

B. GUARDIAN/EMERGENCY CONTACT INFORMATION

1. Name _____ 2. Relationship to you _____
3. Phone (day) (____) _____ Phone (evening) (____) _____ Phone (cell) (____) _____
4. Mailing Address _____
5. E-mail _____
6. The Program Leader may want to communicate information to your parents/guardians about the travel program and your participation in the program. Do you want your parent/guardian (listed above) to receive this information? Yes No

C. ACADEMIC INFORMATION

1. Major(s) and Minor(s) _____
2. Current Standing: First Year Sophomore Junior Senior Grad Other _____
3. Faculty Advisor _____ 4. GPA _____ 5. Are you in good academic standing? _____
- If not, explain: _____
6. Are you currently or have you ever been on disciplinary probation or other sanction at your home institution? _____
_____. If you answer "Yes", please explain circumstances: _____

D. PASSPORT INFORMATION*

1. Passport Number _____ 2. Country and City of Issue _____

3. Date of Issue _____ 4. Date of Expiration _____

Please list name exactly as it appears on your passport _____

*** If you do not have a passport or your current passport will expire within 6 months of returning from this trip, PLEASE BEGIN THE PROCESS TO OBTAIN OR RENEW YOUR PASSPORT IMMEDIATELY!** See: travel.state.gov/passport

E. ESSENTIAL ELEMENTS OF THE PROGRAM

1. College-wide expectations. All students traveling abroad must:

- a. be in good academic standing at their college or university in which the student is enrolled. Students on academic probation or suspension at their college/university are not eligible for a sponsored travel program.
- b. be in good standing with Student Development. Students on disciplinary probation or suspension are not eligible for travel programs.
- c. agree to behave while abroad according to school standards, any additional student conduct standards adopted by the particular study/service abroad program in which the student is a participant, and local laws.
- g. meet program specific prerequisites or “essential elements” as articulated by the program in which the student is a participant.

2. Program-Specific Essential Element(s). The program leader of this trip has also identified the following program-specific essential element(s) that may be used to evaluate applicants.

Description of trip specific “essential element(s)”:

Physical conditioning or capacity:

Heavy travel and walking based program. (est. 5 miles per day). We will try to accommodate students for whom this may present a challenge, but we cannot guarantee accommodations can be provided.

Mental/emotional health stability:

All such travel involves elevated mental & emotional stress. Students who might be extraordinarily challenged by such stress should seek accommodation from the trip leaders. We will try to accommodate such students but cannot guarantee that accommodations can be provided.

EVERYONE WILL LEAVE TOGETHER FROM JFK AIRPORT IN NEW YORK ON.

Applicant Responses to Essential Elements

1. Do you have any dietary, physical, mental or emotional condition that may interfere with your ability to successfully fulfill the program’s essential elements as described above? If so, describe.

2. If you answered yes in response to question 1 above, please describe any possible program modifications or reasonable accommodations that may help you successfully participate in the program.

E. PROGRAM REQUEST FOR RECOMMENDATION LETTER(S)

We require a recommendation letter from one professor, preferably one with whom you've had more than one course. The form is provided on the AGCHLS website under "to apply". Please have the completed form forwarded to Amy Turnage at aturnage@ag.org.

F. STUDENT AGREEMENTS

1. Statement of Personal Commitment

I am aware that the Community Covenant as stated in the College Catalog is fully in effect for the entire program starting _____ and ending _____. I also agree to comply with the standards of our hosts while a program participant. If in the judgment of the Program Director I fail to live by either set of standards, I may be sent home at any time at my own expense and with the forfeiture of program costs already incurred.

I will familiarize myself and comply in a timely manner with the travel policies, protocols, schedules and standards established by the Center for Holy Lands Studies and the specific program for which I am applying. This includes attendance at all mandatory college-wide and program sponsored pre-trip orientations and paying my student account in full by the payment due date. I understand that my failure to comply at any point in the preparation process may disqualify me from the trip and may result in the forfeiture of deposits and other charges. I will also sign and fulfill all terms of the Center for Holy Lands Studies Assumption of Risk, Release and Participation Agreement.

2. Consent for Release of Information

I authorize the Center for Holy Lands Studies to access and review my academic and judicial records at any higher education institution that I have attended. Furthermore, I authorize the release of information contained within any health/emergency forms submitted in preparation for this travel program to my physician, trip leaders/program leaders, College officials, the foreign host institution or third party provider (if applicable), the foreign host family (if applicable) to inform and discuss reasonable accommodations and/or to deal with any health-related emergency that directly concerns me or involves me in any way, shape, or form while participating on this trip.

3. I certify that the answers I have given are accurate and complete.

Print Name

Sign Name

Date

4. Permission for trip participation by parent/guardian (required for students under 18 years of age)

Print Name

Relationship to applicant

Sign Name

Date



Student Application for Study Abroad

FACULTY & ACADEMIC DEAN REFERENCE FORM FOR TRAVEL ABROAD

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A. TO BE COMPLETED BY APPLICANT

Approve one of the following statements* before giving this reference form to your faculty reference to complete:

- I HEREBY WAIVE ANY CLAIM to access this faculty reference form submitted on behalf of my application.
- I DO NOT WISH TO WAIVE CLAIM to access to this faculty reference form submitted on behalf of my application.

Applicant's name _____ **Signature** _____ **Date** _____

*Note: Under Section 438, General Education Provisions Act (Public Law 90-247), you have the right to access materials in connection with your application. This law also allows you to waive this right if you so choose, with the understanding that confidential recommendations are not required in the admissions process.

B. TO BE COMPLETED BY FACULTY REFERENCE

Reference: The student named above is applying for the Center for Holy Lands Study/Travel Abroad Program. The program demands of students not only high academic standards, but also the maturity and self-reliance to adapt to a culture and to and an educational experience different from studying in the U.S. Please use the form below to evaluate the student; use an additional sheet if necessary to elaborate on your responses or provide other relevant information.

- In lieu of filling out the reference form below, I am attaching a letter of recommendation.

1. How long have you known this student? _____

2. What is/was your relationship to the student? _____

3. Please comment on the applicant's eagerness to learn and ability to work independently?

4. How would you rate this student's maturity in relating to other people?

5. Do you think this applicant would be a good student to select for participation in this program? Why?

6. Please indicate your perceptions of the applicant's competence in the following areas:

Assessment	Excellent	Good	Average	Poor	Unknown
Academic Performance					
Study habits/Discipline					
Honesty and Integrity					
Self-Confidence					
Teachability					
Tolerance of other points of view					
Adaptability/Flexibility					

7. Please add any additional information of which you think the Program Leader and/or the Selection Committee should be aware

8. Highly Recommend Recommend Recommend with Reservation Do not Recommend

9. Print Name _____ **Signature** _____

Title _____ **Date** _____

Address _____

Office Phone () _____ **E-mail** _____

I attest that _____ **is**

Student's name

- a student in good standing
- taking this course for credit

Professor's Signature

Date

Dean's Signature

Date