

# Application for Beit Lehi, Israel Study Abroad

RETURN APPLICATION to DARIN TAYLOR or EMAIL [taylorda@uvu.edu](mailto:taylorda@uvu.edu)

UVID: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Name: \_\_\_\_\_ Email address \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE  
Address: \_\_\_\_\_  
                    NUMBER                    STREET                    CITY                    STATE                    ZIP CODE  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Excursion Conditions

Please provide answers to the following questions as conditions of approval for participation in this study abroad program.

Do you consider yourself healthy and able to travel 7000 plus miles from home?  Yes  No

Able to eat different kinds of foods than you may be accustomed to?  Yes  No

Riding in/on various types of transportation with/without air conditioning?  Yes  No

Remaining alert and ready to perform surveying tasks with less than 6 hours sleep?  Yes  No

Are you employed now?  Yes  No  Full-time  Part-time

Are you able to perform strenuous physical work in extreme heat and humidity?  Yes  No

Because of any physical, mental, or medical impairments or disabilities, are there program accommodations which would assist with full participation in this Study Abroad program?

Yes  No

If YES, please describe:

What foreign languages do you speak, read, and/or write? \_\_\_\_\_

What foreign travel experiences do you have? \_\_\_\_\_

List professional, trade, business, or civic activities and offices currently held:

## Education

College/University: \_\_\_\_\_ Years Completed (circle) 1 2 3 4  
Diploma/Degree earned: \_\_\_\_\_ GPA: \_\_\_\_\_ Dates attended: \_\_\_\_\_  
Describe course(s) of study: \_\_\_\_\_

College/University: \_\_\_\_\_ Years Completed (circle) 1 2 3 4  
Diploma/Degree earned: \_\_\_\_\_ GPA: \_\_\_\_\_ Dates attended: \_\_\_\_\_  
Describe course (s) of study: \_\_\_\_\_

Please attach copies of Unofficial Transcripts

## ***Work Experience***

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Briefly describe your work experience: (a resume may be attached to this application if necessary)

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## ***References***

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Please provide the name, address, and daytime telephone number of two personal references:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

## ***Statement of Intent***

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In the space provided below please describe why you want to participate in this program.

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If application is accepted and an offer is extended to participate in this Study Abroad Program to Israel you agree to provide the following prior to departure:

- Physician's statement of health indicating sufficient wellness to meet the Excursion Conditions listed herein and which will be valid for the duration of the excursion.
- Deposit between \$1300 and \$1500 at least 30 days in advance of the excursion.
- Valid Passport with an expiration date at least 6 months beyond the last date of the excursion.

## ***Certification***

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I certify that answers given herein are true and complete to the best of my knowledge.

In the event of acceptance to participate in this study abroad program, I understand that false or misleading information given in my application or interview(s) may result in rejection from the program. I also understand that I am required to abide by all rules and regulations of the Engineering Graphics and Design Technology Department, the UVU Study Abroad Program, and other pertinent organizations.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_