application for admission

Mail completed application to: HECUA 2233 University Ave. W Suite 210 - St. Paul, MN 55114 P: 651-646-8832 or 800-554-1089 - F: 651-659-9421 - E: in					OFFICE USE ONLY Application Fee Enclosed	
				Date Recei		
	ORMATIO	N • • • • • • • • • •	• • • • • • •	I		
Name:	ram applying	to		College/University:		
Program term	117		□ January 20	<u> </u>	☐ Spring 20 ☐ Summer 20	
		Indicate how credit (i.e. toward major, r				
Major/Minor:		HECUA COURSE TITLE:		USE OF CREDIT:		
Expected Graduation: (mm/yy)						
OPTIONA	L INFORM	ATION • • • • • • •	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	
Date of Birth:			rst hear about the			
Age:	Gende	r:	☐ The Off-Campus Study Office ☐ My Professor/Advisor (name)			
			☐ Class Presentation/Info Session/Fair (name)☐ ☐ Friend/Alum of Program (name)			
Racial/ethnic identity:		□ Internet Source (specify) □ Other (specify) □ Advertising (specify)				
CURRENT	CONTACT	INFORMATION •	• • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	
				Phone:	E-Mail:	
Street Addres	S:					

EMERGENCY CONTACT INFORMATION • • • • • • • • • • • • • • • • • • •							
Name(s)	Relationship to You:	Name(s)	Relationship to You:				
Street Address:		Street Address:					
City/State/Zip:		City/State/Zip:	City/State/Zip:				
Phone (Day/Evening):		Phone (Day/Evening	Phone (Day/Evening):				

Phone:

PLEASE NOTE:

Street Address:

City/State/Zip:

Please submit references and transcripts along with the application, if possible. These must be received before your application is approved.

E-Mail:

Last date to use current contact information:

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	2. What past studies and experiences have prepared you for the program?
	3. How do you predict that this program will affect you? What expectations or concerns do you have?
	FOR STUDENTS APPLYING TO SEMESTER PROGRAMS: • • • • • • • • • • • • • • • • • • •
P	Please respond to the following, you may use additional paper if necessary:
1	. What kind of work would you like to do in the internship? Why?
2	2. What knowledge, skills and experience would you bring that could be useful in an internship?
3	B. What knowledge and skills would you like to develop in the internship?
4	I. What kind of work setting would you like for your internship?
5	5. How do you see this internship fulfilling your personal and professional goals?
6	5. What other hopes or concerns do you have about an internship?
	FOR STUDENTS APPLYING TO FALL SEMESTER IN NORWAY: ••••••••••••••••••••••••••••••••••••
1	. Do you plan to study the Norwegian language on the program? (The alternative is an independent study project.)
2	2. Have you previously studied Norwegian? At what level?
3	B. Please describe your background in the language (formal and informal learning).
	FOR STUDENTS APPLYING TO ANY PROGRAM IN ECUADOR: • • • • • • • • • • • • • • • • • • •
1	. What formal and informal instruction have you had in the Spanish language? Please specify levels and course titles or if Spanish is your first language.
2	2. What other contacts/experiences/involvement have you had with the Spanish language? (e.g. volunteer work)
3	3. What additional Spanish instruction or experience will you have prior to participation in the program?
4	I. How would you assess your Spanish language level? Use the following terms for each category; "very easy," "quite easy," "somewhat difficult," or "mostly difficult." Reading:
	Comprehension of Lectures: Conversation (speaking): Conversation (listening): Writing:
۷	WHAT IS YOUR HECUA CONNECTION? • • • • • • • • • • • • • • • • • • •
1	. We'd like to know the names of HECUA alumni or other individuals instrumental in your decision to apply. Thanks!
2	2. Have you participated previously in a HECUA program? Which one? When?

dare to learn...dare to act

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challenge your vision...change your world

Name:		Title:	
College/University:		Department:	
Street Address:		City/State/Zip:	
Phone:		E-Mail:	
SIGNATURES/APPROVALS • • • • (for HECUA credit-bearing programs)	The following people must	be informed of your plans a	• • • • • • • • • • • • • • • • • • •
Faculty Advisor: Printed Name:	Signature:	Date:	College/Department:
☐ This application is being submitted☐ Credits have been approved to me☐ I would like more information abou Comments:	et academic requirements a	as listed on page one.	Mailing Address:
Off-Campus Study Advisor: Printed Name:	Signature:	Date:	College/Department:
☐ This application is being submitted☐ I would like more information abou Comments:			Mailing Address:
HECUA Campus Representative: (Member schools only, see list on back cover) Printed Name:	Signature:	Date:	College/Department:
Check all that apply: I have discussed the HECUA progra I have reviewed this application for I have communicated that HECUA I recommend that HECUA review th I recommend that HECUA contact in Other (specify): Comments:	admission. review the completed appli re completed application to		Mailing Address:
STUDENT • • • • • • • • • • • • • • • • • • •	Signature:	• • • • • • • • • • • •	Date:
Check all that apply: I have enclosed the application fee I have completed all required section I have enclosed the additional inter I am applying to a program in Ecual the additional essay. I have requested my college send and I have requested an academic refer I intend to apply for a HECUA school	ons of this application. Inship essay. Inship essay. In official transcript to HEC In ence using the HECUA forr	nclosed UA. ns.	Questions:

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