

# General Information – Part I

Name: \_\_\_\_\_  Ms.  Mr.  
Last First M.I.

Home college or university \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

Home (permanent) address: \_\_\_\_\_

Your address on campus: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home telephone: ( ) \_\_\_\_\_

Campus: ( ) \_\_\_\_\_

Date of Birth (mnth/day/yr): \_\_\_\_\_

Country of citizenship (if not U.S., include type of visa): \_\_\_\_\_

Do you have a passport that will be valid for the duration of the program?  Yes  No, but I am applying for one.

## Family Contact Information: Include two family members whom we can contact in case of emergency.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Day Telephone: ( ) \_\_\_\_\_

Day Telephone: ( ) \_\_\_\_\_

Evening Telephone: ( ) \_\_\_\_\_

Evening Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

What will your class be at the time of the program:  Junior  Senior  Other \_\_\_\_\_

Your Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_ G.P.A./4.0 \_\_\_\_\_

How did you learn about the University of Rochester Internships in Europe Program?

Study Abroad Office  Faculty Advisor  Past Program Participant  Poster  Other \_\_\_\_\_

## References:

Part 3 of this application provides you with a form to give each recommender. Please give their names and addresses below.

*ACADEMIC:*

*CHARACTER:*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Student Authorization:

I am applying to an Internships in Europe Program and authorize the University of Rochester to issue a transcript to my home school after my program of study. To ensure acceptance of academic credit, I realize that I must discuss my proposed program of study with the appropriate official of the college or university I expect to attend upon my return. Additionally, I understand that it is my responsibility to discuss the coursework and internship with my departmental advisor, and to secure written approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Internship Application – Part II

## All Applicants:

**FIRST CHOICE**  
*Please add year on the line:*

Fall \_\_\_\_\_  
 Spring \_\_\_\_\_  
 Summer Session I \_\_\_\_\_  
 Summer Session II \_\_\_\_\_

**LOCATION:**

Berlin                       London  
 Bonn                          Madrid  
 Edinburgh                  Brussels

**SECOND CHOICE**  
*Please add year on the line:*

Fall \_\_\_\_\_  
 Spring \_\_\_\_\_  
 Summer I \_\_\_\_\_  
 Summer II \_\_\_\_\_

**LOCATION:**

Berlin                       London  
 Bonn                          Madrid  
 Edinburgh                  Brussels

## INTERNSHIP:

Business    Health Sciences    HlthSci/Medical Research    Arts/Museum    Theater    Politics    Politics/Law

Within the above field, please specify *types* of placement desired, e.g. Business might include marketing, finance, advertising, accounting, banking, publishing.

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

List the two courses from our web site that you plan to take (semester only; not relevant for summer):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

## **POLITICS AND LAW APPLICANTS ONLY:** PLEASE COMPLETE THE FOLLOWING SECTION

*Circle the term that best places you on the following political spectrum:*

Far Left      Left      Left of Center      Center      Right of Center      Right      Far Right

**Here is a list of major substantive and/or administrative policy areas in which you may be involved. Circle your areas of interest:**

- |                         |                          |                            |                                 |
|-------------------------|--------------------------|----------------------------|---------------------------------|
| Agriculture             | Human Rights             | Media                      | Treasury/Economic Affairs:      |
| Arts                    | Industry:                | Overseas Aid & Development | -Domestic Economy of Internship |
| Civil Service           | -Industrial Relations    | Penal System               | country                         |
| Defense                 | -Small Business          | Poverty                    | -Government Expenditures        |
| Education               | Information Technology   | Race Relations             | - Public Finance                |
| Elderly                 | International Relations: | Regional Affairs           | Urban/Inner-City Affairs        |
| Employment              | - W. Eur., E. Eur., Mdl  | Sport and Leisure          | Women's Issues                  |
| Energy/Environment      | East, Dvlpg Cntries, US  | Tourism                    |                                 |
| Health, Social Security | Legal System             | Trade                      |                                 |
| Housing                 | Local Government         | Transportation             |                                 |

# RECOMMENDATION FORM – PART III

**Return to:** Center for Study Abroad, Internships in Europe  
Lattimore 206, P.O. Box 270376, University of Rochester  
Rochester, NY 14627-0376  
Fax (585) 461-5131

If you will be faxing the recommendation, please also mail the original.

## To the Student:

Please complete items 1-6 below, photocopy this form, and give one to each of your recommenders. Form for foreign language recommendation is on the other side of this page.

1. Name \_\_\_\_\_  
Last First M.I. email address

2. Home college or university \_\_\_\_\_

3. City and type of internship to which student is applying \_\_\_\_\_  
city internship

4. Please check the appropriate application deadline:

- SEPTEMBER 15 (spring program – Brussels, House of Commons)
- OCTOBER 31 (spring programs)
- MARCH 15 (fall House of Commons, Brussels fall programs)
- APRIL 1 (summer and fall programs)

5. Number of years of language study:

Language \_\_\_\_\_ Years in: high school \_\_\_\_\_ college \_\_\_\_\_

Language \_\_\_\_\_ Years in: high school \_\_\_\_\_ college \_\_\_\_\_

6. Under the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purposes for which it was prepared.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## To the Academic and Character Recommenders:

This student has applied for a place in our Internships in Europe program where participants work as research assistants in London, Edinburgh, Bonn, Berlin, Brussels, or Madrid. The internships vary, but each involves tasks such as carrying out research and reporting to a supervisor, handling correspondence, drafting letters and speeches, making presentations; in short, working three to five days a week in a position of responsibility. The actual work assigned depends on the relationship the student forms with the supervisor. Student interns routinely handle important, and in some cases confidential, information, so we are looking for mature students who can be relied upon to be loyal and discreet.

The student needs to be of above-average intellectual ability. An avid and demonstrated interest in the subject area of the chosen internship is crucial. Please evaluate, to the best of your ability, the student's accuracy, diligence, maturity and judgment. Students will be working in busy offices, so they must have friendly and agreeable dispositions, work well with others, and be able to work independently.

Call (585) 275-7532 if you have questions. Many thanks for your time and assistance. Return this form with your letter, on letterhead, directly to the address above.

# FOREIGN LANGUAGE RECOMMENDATION FORM – PART IIIa

Student Name: \_\_\_\_\_ Country: \_\_\_\_\_

## To the Foreign Language Professor:

How recently has the student been in your class? \_\_\_\_\_

### 1. Present Language abilities:

Please indicate the level that best describes the student's present command of the language:

	<i>speaking</i>	<i>reading</i>	<i>writing</i>
Lacks minimal competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and understands simple vocabulary, basic grammar, short sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and understands conventional, non-technical vocabulary, overall syntactical and grammatical structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and understands specialized terminology in fields of interest; complex structural patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Projected language Abilities:

Below, or on departmental letterhead, please comment on the applicant's ability to take courses and carry out an internship in the language within a reasonable time after arrival in the host country, and after a one-week intensive language orientation.

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# HOME UNIVERSITY AUTHORIZATION - PART IV

Name \_\_\_\_\_  
Last First M.I.

UR students: Student ID # \_\_\_\_\_

## SECTION A: Transfer of Credit to Your Home University

**NOTE: Your application cannot be processed until we receive this.**

This section is to be reviewed, approved and signed by the undergraduate adviser in charge of transfer credit at your home university.

### CREDITED BY THE UNIVERSITY OF ROCHESTER:

Upon completion of the program, your college will receive an official transcript from the University of Rochester, showing credits and grades for the courses and the internship:

My home institution requires an official transcript for the transfer of academic credit. I am requesting credit from the University of Rochester and will receive a transcript upon completion of the program.

Please send it to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## SECTION B: College Authorization

This section is to be completed by the Academic Dean or Study Abroad Adviser, and sent to:

The Center for Study Abroad  
Internships in Europe  
University of Rochester  
P.O. Box 270376  
Rochester, NY 14627-0376

Cumulative Grade Point Average: \_\_\_\_\_ on a scale of \_\_\_\_\_

The application of this student is being submitted with my approval. Full credit will be granted for all coursework satisfactorily completed. If there are additional conditions for the transfer of credit, I have indicated them on a separate sheet.

Academic Dean or Study Abroad Adviser's Information:

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Title: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Institution: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dean or Adviser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part V - Academic and Housing Information**

**5a. Additional Academic Information:**

List the courses in which courses are you currently enrolled

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional courses that you plan to take before going abroad:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any previous international travel, work, or study experience.

\_\_\_\_\_  
\_\_\_\_\_

**5b. Housing**

Please choose one of the following housing options:

- A. Homestay      B. Independent Flat      C. Prearranged Flat (*London and Edinburgh*)

*(circle one)*

Do you smoke?      YES      NO      *(circle one)*

Do you mind a family or roommate who smokes?

YES      NO      *(circle one)*

For students who have chosen homestays: do you have objections to living with a family where there are:      *(circle one)*

- young children?      YES      NO  
dogs?      YES      NO  
cats?      YES      NO