## TO WITHDRAW after acceptance to a program:

Students must send WRITTEN notification to Willamette University as soon as s/he determines that s/he will be unable to participate in his/her program. A signed letter/memo or an email do qualify as written notification. Willamette University will notify any program providers/host universities as needed. When a student withdraws from the post session, the student will be subject to the program provider's/host university's withdrawal/refund policy which may include a financial penalty.

### **QUESTIONS:**

Please contact Elizabeth Garland (<u>ecarson@willamette.edu</u>; (503) 370-6638.)

## Please keep this page for your records.

# Willamette University Advocacy Institute

INTERNATIONAL APPLICATION for ADMISSION (Please type or print clearly)

Applicant's Name		
College or university	City	Country
Major course of study		Anticipated graduation date
Gender: Male Female Country of citizenship		Date of Birth (mo/day/year)
Current Address		Country
Permanent Address		Country
Telephone (home)	Email address	
Have you ever been suspended or expelled from a c any reason? Y N If yes, please attach a se		
Emergency Contact Information:		
Name(s)	Re	lationship
Address	Co	untry
Telephone		
Alternate Emergency Contact Information:		
Name(s)	Re	lationship
Address	Co	untry
Telephone		
I certify that the information given on this application is to	rue and complete. I a	gree to release any and all records and

I certify that the information given on this application is true and complete. I agree to release any and all records and transcripts held by my college or university to Willamette University as necessary for my participation in an off-campus study program. I understand that as a participant in a Willamette University post session, I shall be subject to certain rules and requirements of the university and of cooperating universities in the U.S. and overseas, which I agree to fulfill in all respects, subject to immediate dismissal from the program if I do not do so. I agree to assume financial responsibility for the program fee as determined by Willamette University and for my own welfare overseas. I also agree to allow Willamette University to distribute my name, address, and telephone number to other participants who are participating in my program prior to departure.

Name (printed)

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

## Willamette University Advocacy Institute

#### **Faculty Recommendation Form**

Please return completed form by email to: Elizabeth Garland <u>ecarson@willamette.edu</u> **Subject Line**: Advocacy Institute Recommendation

STUDENT NAME: \_\_\_\_\_

Date due: May 1, 2012

STUDENT: GIVE THIS FORM TO THE PERSON WHO WILL COMPLETE THE RECOMMENDATION.

#### 

The above student has applied for admission to the China Advocacy Institute, a program sponsored by Willamette University in Salem, Oregon. The institute takes place at Dalian Nationalities University in Dalian, China from June 4-18, 2012. Three professors from Willamette University and one from DNU will teach the course.

This student will be studying alongside students from universities in China, the United States, and other countries. The program demands active, full participation in all activities and sensitivity to intercultural differences. Please consider this when writing a recommendation for the student.

1. How long have you known the applicant?

2. How would you describe this student's academic ability in general?

3. How well would you expect the applicant to adapt to a different style of teaching that requires active participation, discussion, and debate?

4. Additional comments:

Please feel free to you use more than the space provided above if you desire.

Printed name of person writing reference	
Signature	Date
E-mail address	