



Brandeis University

INTERNATIONAL BUSINESS SCHOOL

INTERNATIONAL EXPERIENCE: IBS STUDY ABROAD PROGRAM APPLICATION

Please Print Clearly

I. APPLICANT INFORMATION

Applicant's Last Name	First Name	Degree Program
		20
Date of Birth	Sex (M/F)	SAGE ID#
Address		
Telephone Number	Email Address	Home Country

II. PROGRAM SELECTION

List the three institutions you would like to attend in order of preference. Applicant must supply list three universities. Listing fewer than three universities will not increase applicant's chances for selection for her/his preferred school. If second/third choices are left blank, the Placement Committee will view these choices as "Brandeis IBS".

IMPORTANT NOTE: No more than two of the following universities may be selected: ESADE, ESSEC, CBS, BOCCONI.
At least one university not listed here must be included in your selections.

	UNIVERSITY	CITY/COUNTRY
1.		
2.		
3.		

SEMESTER FOR WHICH YOU ARE APPLYING: ☐ FALL 20____ ☐ SPRING 20____

PLEASE NOTE: While a student may choose to study abroad in the spring semester of his/her second year, it must be noted that this can potentially cause problems with graduation if grades are not received from the foreign university in a timely manner. If graduation needs to be delayed until the summer semester, there is a continuation fee for which the student is responsible. IBS strongly recommends studying abroad in the fall semester.

III. ACADEMIC INFORMATION

DEGREE PROGRAM: ☐ MBA ☐ MAief ☐ BA/MA

INTERNATIONAL EXPERIENCE REQUIREMENT: Have you already satisfied this? ☐ YES ☐ NO ☐ EXEMPTED

HAVE YOU STUDIED ABROAD BEFORE? (Other than Brandeis and your home country) ☐ YES ☐ NO

IF "YES", WHERE? _____

LANGUAGE PROFICIENCY: Please list any languages you speak and indicate your level of proficiency.

NATIVE LANGUAGE: _____

OTHER LANGUAGES SPOKEN

LEVEL OF PROFICIENCY

- | | | | | |
|----------|-----------------------------------|---------------------------------------|-----------------------------------------|---------------------------------|
| 1. _____ | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> CONVERSATIONAL | <input type="checkbox"/> FLUENT |
| 2. _____ | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> CONVERSATIONAL | <input type="checkbox"/> FLUENT |
| 3. _____ | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> CONVERSATIONAL | <input type="checkbox"/> FLUENT |

IV. STATEMENT of PURPOSE

Applicant's are to submit a one-page *Statement of Purpose* about your specific choice of study abroad schools and how they are related to your present academic program. Also describe the personal benefits you expect from the exchange program, and how you will incorporate this experience into your future goals. Applicant must include a *Statement of Purpose* or the application will be returned unprocessed.

V. RESUME and TRANSCRIPT

Please attach a current resume and an unofficial transcript to your application.

VI. INTERVIEW, SELECTION and WAIVER

Once the applicant has submitted a completed application, s/he will be required to sign up for a 20 minute interview with one of the review board members. After the interview, the Study Abroad Committee will consider all candidates and make placement decisions. The student will be notified by e-mail of the Committee's determination. The application process is not final until the student has formally accepted the placement and submitted a signed waiver. Once these steps have been completed, contact with the foreign university is the responsibility of the student.

VII. EMERGENCY CONTACT WHILE ABROAD

Emergency Contact Last Name

First Name

Relationship

Address

Telephone Number

Email Address

I hereby submit this application to IBS for consideration of my participation in the Study Abroad program.

Applicant's Signature

Date

----- FOR OFFICE USE -----

Application Received:

Date

Attached:

☐ International Experience Exemption Form
☐ Statement of Purpose

☐ Resume
☐ Transcript

Interviewed on:

Date

by

Name of Committee Member

Reviewed by Committee:

Date

Determination:

☐ Approved for:

Name of University

☐ Denied because:

Reason Denied

Applicant Notified by E-Mail:

Date

by

Name