



# Fox School of Business

TEMPLE UNIVERSITY®

**Temple Center for International  
Business Education and Research**

## **DESTINATION GHANA**

### **Study Abroad Program Application**

*A copy of a valid passport must be included with your application*

*Please complete this form in Blue or Black Ink*

Name \_\_\_\_\_ EMail \_\_\_\_\_

Date of Birth \_\_\_\_\_ TUID # \_\_\_\_\_ Citizen of \_\_\_\_\_ Gender \_\_\_\_\_

Home/Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Campus/Temporary Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Minor \_\_\_\_\_ Class Status: Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

Languages spoken and level of proficiency \_\_\_\_\_

\_\_\_\_\_

Please describe any previous international experiences including places and length of stay:

\_\_\_\_\_

\_\_\_\_\_

Scholarships or grants currently received (Please provide source and amount):

\_\_\_\_\_

\_\_\_\_\_

References: List the two faculty members to whom you have given the Letter of Reference form.

a) \_\_\_\_\_

b) \_\_\_\_\_

Emergency Contact (Name, Relationship, Address, Phone, email): \_\_\_\_\_

\_\_\_\_\_

**Students do not need to submit an official transcript as long as they have completed at least one semester of study. Transfer students who have not completed a semester at Temple, must submit official transcript(s) of all previously completed college level work must be submitted in support of this application.**

## Study Abroad Program Application Destination Ghana

Please include a personal statement describing yourself and your career goals (your personal and intellectual history, special interests and abilities, future plans, etc.) and a concise but comprehensive summary of how the Destination Ghana program fits into your program at Temple.

How did you learn about Temple CIBER's Destination Ghana Study Abroad Program?

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Signature of Applicant: I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION PERSONALLY AND THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

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

Please return to: Gloria Angel, IGMS/CIBER, A506 Alter Hall - 1801 Liacouras Walk, Temple University, Fox School of Business, Philadelphia, PA 19122-6083.  
Tel: (215) 204-8132. Email: [foxabroad@temple.edu](mailto:foxabroad@temple.edu)

**Study Abroad Program Application  
Destination Ghana**

**Letter of Reference (1)**

Name of Applicant \_\_\_\_\_

Field of Study \_\_\_\_\_

Reference Requested from: \_\_\_\_\_  
Name Title Department

I hereby authorize \_\_\_\_\_ to complete this form and ask that the form be sent directly to IGMS/CIBER, Temple University Fox School of Business. I understand that this document will be used to evaluate my qualifications for the Destination Ghana study abroad program and will be part of my application file. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation. [ ]Yes [ ]No

**TO BE COMPLETED BY REFERRER**

1) How long have you known the applicant and in what capacity \_\_\_\_\_  
\_\_\_\_\_

2) In evaluating the applicant, please give your opinion of his/her personal or professional qualifications for participation in a study abroad program, adaptability, and promise of future growth. Please comment specifically on his/her academic preparation for the study he/she proposes to undertake.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

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**Study Abroad Program Application  
Destination Ghana**

**Letter of Reference (2)**

Name of Applicant \_\_\_\_\_

Field of Study \_\_\_\_\_

Reference Requested from: \_\_\_\_\_  
Name Title Department

I hereby authorize \_\_\_\_\_ to complete this form and ask that the form be sent directly to IGMS/CIBER, Temple University Fox School of Business. I understand that this document will be used to evaluate my qualifications for the Destination Ghana study abroad program and will be part of my application file. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation. [ ]Yes [ ]No

**TO BE COMPLETED BY REFERRER**

1) How long have you known the applicant and in what capacity \_\_\_\_\_  
\_\_\_\_\_

2) In evaluating the applicant, please give your opinion of his/her personal or professional qualifications for participation in a study abroad program, adaptability, and promise of future growth. Please comment specifically on his/her academic preparation for the study he/she proposes to undertake.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

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