



2024-2025 Academic Year BHCC STUDY ABROAD APPLICATION INSTRUCTIONS

Application Deadline: December 19, 2024, 5:00 p.m.

In order to be considered to participate in the study abroad program and scholarship, you must:

- ⇒ Be a matriculated student at BHCC
- ⇒ Have a minimum 2.0 G.P.A.
- ⇒ Not have graduated by the time the course/trip starts
- ⇒ Have not taken the academic course of the program before
- ⇒ Be willing to comply with the Student Code of Conduct on campus and while abroad
- ⇒ Understand that you will be **required** to depart from and return to Boston with the group
- ⇒ Have current health insurance in the US
- ⇒ Be prepared:
 - * to make a \$250 deposit OR
 - * show that financial aid has been arranged for the full \$750 of your responsibility
 - **immediately following selection for the program, on or about the start of Spring 2025 classes

Statement of Purpose Guidelines:

Statement of Purpose: DO's and Don'ts

Do's:

- Craft an engaging Statement of Purpose that captures the reader's interest.
- Elaborate on your motivation for pursuing the course, showcasing genuine enthusiasm.
- Highlight your core strengths to emphasize your suitability for the program.
- Draw attention to your foundational understanding of the course, reflecting that you read and understood the course description.
- Clearly articulate your academic and career goals, linking them to the chosen course.
- Ensure a polished document by thoroughly proofreading your SOP for errors and clarity, have someone review it for you.
- If you need help, contact the BHCC writing center at <https://www.bhcc.edu/writingplace/> - but remember they can't write your statement for you!

Don'ts:

- Avoid including plagiarized content maintaining originality in your writing.
- Steer clear of grammatical issues by meticulously reviewing your Statement of Purpose for language accuracy.
- Keep the Statement of Purpose concise and engaging; avoid excessive length or content that may bore the reader.

Ask your references to complete the form at (web site) or write a letter (including your name and student ID) to international@bhcc.edu.

Please submit your completed application including the application form, unofficial transcript, the identification page of your passport (if you have one), your statement of purpose, your Health and Emergency Contact Form, and a copy of the front and back of your insurance card as one PDF document to international@bhcc.edu. Incomplete applications will not be reviewed and will be returned to the applicant. Please ask that your references be submitted directly by the person(s) providing them to international@bhcc.edu.

If you are a US citizen and don't yet have a passport, please apply for one now! You can find information about how to apply for a US passport at <https://travel.state.gov/content/travel/en/passports/need-passport.html>

If you are not a US citizen, please research whether or not you will need a visa to visit the destinations you are interested in.



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To complete your application, you must submit the following (all together except for the references and at the same time to the International Center):

- Signed application form
- Unofficial BHCC transcript
- Statement of purpose
- Completed Health and Emergency Contact Form
- Copy of the identification page of your passport (if you have one)
- Front and back of current health insurance card
- Two references (including 1 BHCC faculty) - should be sent by the individual reference to international@bhcc.edu

Personal Information:

Last/Surname Name: _____ First/Given Name: _____ Middle Initial _____

BHCC ID # _____ Country of Citizenship: _____ Passport # if available: _____

If not a U.S. citizen, are you a: U.S. Permanent resident F-1 student Visa Other _____

BHCC Degree Program: _____ Current BHCC GPA (Available on your unofficial transcript in Self-Service): _____

Number of BHCC college-level credits completed so far: _____ Have you studied abroad before? _____

(Note: Students must have completed at least 6 credit hours to be eligible to participate in Study Abroad)

Program Choice (Required):

1st Choice: Kenya Ghana Panama Japan Costa Rica

2nd Choice: Kenya Ghana Panama Japan Costa Rica

Contact Information:

Telephone: _____ BHCC student email (required): _____

Street Address: _____ Box/Apt. # _____

City: _____ State: _____ Zip Code: _____

Academic and Other Information:

You are required to submit an unofficial BHCC transcript. In addition, please attach copies of any prior transcripts, and/or complete the following information about any PREVIOUS colleges you may have attended.

	Name of Institution	Dates (from/to)	Major	GPA	Total Credits
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Please list any extracurricular activities, honors, or leadership roles you have participated in while at BHCC:

Please list any other commitments you have outside of BHCC, including work or family obligations.

I attest that all information provided within this application is true and accurate. I understand that any false statements or submissions will result in rejection of my application to participate in study abroad at BHCC.

Student Name (Print): _____ Student Signature: _____



2024-2025 Study Abroad Health and Emergency Contact Form

Application Deadline: December 19, 2024, 5:00 p.m.

Personal Information:

Last/Surname Name: _____ First/Given Name: _____ Middle Initial _____

BHCC ID # _____ Country of Citizenship: _____ Passport # if available: _____

If not a U.S. citizen, are you a: U.S. Permanent resident F-1 student Visa Other _____

If not a U.S. Citizen or Permanent Resident, what is your country of citizenship? _____

Health Information:

Please detail any physical and/or mental health challenges you have that could effect you during participation in a study abroad program, as well as any critical medications that you must take regularly. Your information will be shared with IC study abroad staff, the program leaders of your study abroad program, and, in the event of an emergency, your emergency contact and BHCC administrators. Your personal information will be kept secure and not shared among your program group.

Emergency Contact 1:

Name: _____ Relationship to You: _____

Phone Number or What's App (Please indicate which) _____ E-Mail: _____

Street Address: _____ Box/Apt. # _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Emergency Contact 2:

Name: _____ Relationship to You: _____

Phone Number or What's App (Please indicate which) _____ E-Mail: _____

Street Address: _____ Box/Apt. # _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Acknowledgement:

I understand that I am responsible for managing my health and conditions prior to, during, and after participation in a BHCC study abroad program, as well as obtaining any necessary prescription medication for the duration of travel for the course. I further understand that I am responsible for the cost of any additional vaccines required and for researching what might be covered by my current insurance.

The International Center will obtain and cover the cost of travel health insurance from GeoBlue for you but the company requires a copy of your US insurance card.

Student Name (Print): _____ Student Signature: _____