

Checklist

- Ripon College Spain Program Participation Request**
- Essay.** On an attached page, please type your name and the name of the term and year of your proposed Spain study abroad experience. Include a typed 300–500 word essay on your academic and personal goals for your study abroad experience. The first paragraph should address your academic reasons for studying abroad. The second part can address other relevant factors such cultural interests, related travel opportunities or affinity for the geographic location. Explain how Dr. Forbes- Lorman's: A Study of Medicine, Health, and Science course will contribute to your Ripon College experience.
- References.** Please supply 2 references (minimum of 1 must be RC Professor) for your Spain Study Aboard participation request. Please provide the name(s) of your references(s):

Name	Title	Contact Information
_____	_____	_____
_____	_____	_____

Agreements

Please initial the following to indicate that you have read and understand each item:

_____ I understand that if accepted, I will be required to pay a non-refundable \$1,000 deposit. Ripon College will not pay this fee; it is my responsibility to ensure it is paid by 5:00pm on Monday, September 1, 2025.

_____ I understand that I am required to attend the Fall 2025 pre-departure meeting in its entirety or permission to study abroad will be withdrawn.

_____ I understand that I must submit all additional study abroad forms by the required deadlines and have a valid passport through May 31, 2026 or permission to study abroad may be withdrawn. If a passport is not obtained by October 1, 2025, I will need to communicate alternative plans to obtain a passport and student visa to the Study Abroad Program Director.

_____ I understand that social and/or academic probation can affect my approval for off-campus study.

_____ I understand I will pay a \$6,000 study abroad program fee which includes the \$1,000 deposit by 5:00pm on Monday, September 1, 2025. Opportunity for grants and scholarships will be provided for students with financial need. Please email studyabroad@ripon.edu for additional information on scholarships and grants.

_____ I understand that the cost for the \$6,000 study abroad program fee is in addition to the regular Ripon College tuition, room and board and meal charges specified in my financial aid contract and must be paid in full prior to departure. I agree to meet with the Financial Aid office to fully understand all financial obligations of the program.

_____ I understand that Ripon College will apply any applicable financial aid to that tuition bill, and then will forward the balance to me, my parents, or my guardian.

_____ I understand that I must report any additional scholarships I receive to the Admissions and the Financial Aid Office.

_____ I understand that it is my responsibility to understand the cost of my study abroad program and to keep up to date on any fee increases by checking the Spain Program home page. www.ripon.edu/spain

_____ I understand that I must be in good financial standing with Ripon College at the time my participation request submission is received.

Name (print)

Signature

Date

Please sign completed form and return to:

Email:
studyabroad@ripon.edu

**Mail: Office of the President
Ripon College
300 W. Seward Street
Ripon, WI 54971**