



Semester in India Program

Application Instructions – Pondicherry University

This is the Application for the IISAC Semester in India Program to Pondicherry University. Please review it carefully and complete the Application Form in its entirety.

Application Deadlines for Pondicherry University

Applications for Pondicherry University are reviewed on a rolling basis. In addition, the enrollment for each semester is limited. We encourage you to apply as soon as possible to increase your chances of acceptance.

Fall semester (July – November) application deadline : May 30th

Spring semester (January – May) application deadline : October 30th

Academic & Program Counseling

Students requiring guidance during the application process should contact Dr. Sunny Luke, Academic Director, at 201-923-1832 / sunny.luke@semesterinindia.org or Palak Shah, Marketing & Admissions Consultant, at 973-685-6150 / palak.shah@semesterinindia.org.

Admissions Criteria

Successful applicants must be at least 18 years old, be in good academic standing, and have completed a minimum of 60 credits at the time of program start.

IISAC seeks students with the character as well as the emotional and social maturity necessary to adjust to a foreign country with a different educational and cultural system. The application will be reviewed with emphasis on attributes that demonstrate student's desire and determination for future success.

Application Materials

You must submit the following items for your application to be reviewed:

- An application form completed in its entirety
- Personal essay
- Unofficial or official transcript(s) of all post-secondary institutions attended
- \$25 nonrefundable application fee made payable to IISAC

Mail your application to:

IISAC
15 Honiss Place
Suite #1
Newark, NJ 07104

Visit us at: www.semesterinindia.org



Part A Applicant Information (Please type or print legibly)

Name :
Last First Middle

Male / Female : Social Security # (optional) :

Date of Birth (mm/dd/yyyy) :

Place of Birth :
City State Country

Citizenship Status : U.S. Citizen Alien/Resident Other

Email : Alternate Email :

Current/School Address

Street:

City : State : Zip :

Dates available at this address :

Current Phone: Cell Phone:

Permanent Address

Street:

City : State : Zip :

Phone:

Parent/Guardian

Name:
Last First Middle

Your Relation to Parent/Guardian:

Street:

City : State : Zip :

Home Phone: Cell Phone:

Business Phone: Email:



Emergency Contact Information (if different from parent/guardian)

Name :
Last First Middle

Your Relation to Emergency Contact:

Street:

City : State : Zip :

Home Phone: Cell Phone:

Business Phone: Email:

Part B Applicant School Information

Education

Beginning with your present college/university, please list all the institutions you have attended:

- Current Institution: Location:
Major: Minor:
Department: Completed Credit Hours:
Cumulative GPA: Expected Year of Graduation:
- Other Institution: Location:
Major: Dates Attended:

Current Year in College

- Freshman
 Sophomore
 Junior
 Senior

Study Abroad Advisor

Name & Title:

University/Department:

Street or P.O. Box:

City : State : Zip :

Telephone Number: Email:



Academic Advisor

Name & Title:

University/Department:

Street or P.O. Box:

City : State : Zip :

Telephone Number: Email:

Department Chairperson

Name & Title:

University/Department:

Street or P.O. Box:

City : State : Zip :

Telephone Number: Email:

SIP Semester Selection

- Fall 20.....
- Spring 20.....

Other

Have you ever been cited for academic and judicial misconduct? (This information will not, in and of itself, be regarded as reason for exclusion from the program.)

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List honors and special recognition you have received during your undergraduate period.

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Have you applied to other study abroad programs? Yes No

If yes, please specify which ones:

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Part C Course Registration

Course Selection

Indicate the required minimum **two Core courses** as well as Elective (Departmental) courses listed in the **Course Directory**. Please note the Course Directory is a tentative listing of courses that are subject to change upon the discretion of Pondicherry University.

NOTES:

- In some instances, the courses you select may not be offered for that particular semester. If this is the case, we will work with you to match your preference with a similar course.
- If you have particular degree requirements you would like to meet, provide the desired course(s) and we will try to provide a list of course options at Pondicherry University.
- Submit course selections on a separate sheet of paper for more than one semester of study.
- The minimum requirement is five courses leading to 15 credits.
- Additional courses may be registered at extra cost.
- For any clarification, please contact Dr. Sunny Luke, Academic Director, at 201-923-1832 / sunny.luke@semesterinindia.org or Palak Shah, Marketing & Admissions Consultant, at 973-685-6150 / palak.shah@semesterinindia.org.

1. (Core)
2. (Core)
3. (Core or Elective)
4. (Core or Elective)
5. (Core or Elective)

Recommended: Select additional courses in case one or more courses noted above are not available.

6. (Core or Elective)
7. (Core or Elective)

Individualized Course Selection (Optional)

You are allowed to take one individualized course through SIP. Provide the type of individualized course (i.e., fieldwork, directed research, directed reading, or practicum in the arts) you want to enroll in with a brief description of the course:

Course Title:

- Fieldwork
 Directed Research
 Directed Reading
 Practicum

Description:
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Part D Personal Essays

On a separate sheet of paper, please describe your personal and academic reasons for studying in India through the IISAC Semester in India Program. Limit the essay to 300 words.

Part E Feedback

How did you hear about our program? Please check.

..... Goabroad.com / Studyabroaddirectory.com

..... Studyabroad.com

..... IIEPassport.org

..... Studyabroadlinks.com

..... Other website (please provide the website)

..... Student / Peer (please provide name & school)

..... IISAC Alumnus (please provide name of alumnus)

..... School Administrator (please provide name, department & school)

..... Other (please specify)

Part F Transcript Mailing Address

This is typically the address of your university registrar.

Name & Title (if applicable):

University/Department:

Street

City : State : Zip :

Telephone Number: Email:

Part G Signature

I verify that the information provided in this application is accurate to the best of my knowledge.

Print Name:.....

Date (mm/dd/yyyy):

Applicant Signature: