

**STUDY ABROAD STATISTICS: FALL 2008 through SUMMER 2009  
FACULTY/STAFF-LED INTERNATIONAL TRAVEL PROJECTS  
OPEN DOORS ANNUAL SURVEY (IIE)**

Dear Faculty and Staff Colleagues,

The Center for International Education must submit to the OPEN DOORS Survey of the Institute for International Education (IIE) statistics for its annual survey regarding Study Abroad. This information is used by IIE and other organizations and individuals in the field of education abroad and higher education in general to analyze participation patterns and trends for the purposes, among others, of program development, policy, funding and governmental lobbying for support for study abroad.

Please assist us in gathering this information for your faculty-led international travel projects by providing the information requested below and on the attached IIE documents regarding academic year, major(s), ethnicity and disability. Please base your reported numbers upon the total number of students (graduate and undergraduate) who participate in your travel project FOR ACADEMIC CREDIT during the following time period: Fall 2009 through Summer 2010. This should include any January, Spring Break and Summer 2010 travel.

I ask you to assist our office in this effort and to return the documents to me at the Center for International Education (LUE124) via campus mail, fax (609-896-7748) or email (materna@rider.edu). Please fill them out to the best of your ability.

We ask that you return your information within 2 weeks of submission of final grades for the travel course.

Thank you very much,  
Linda Materna



Faculty/Staff Instructor(s)	_____
Course Title and Number	_____
Number of credits for course	_____
Country(ies) of destination If more than 1, please indicate percentage of travel at each	_____
Program Dates	_____
Total number of undergraduates	_____
Number of undergraduates enrolled for credit	_____
Total number of graduate students	_____
Number of graduate students enrolled for credit	_____

Duration of Study Abroad (number of students who received academic credit)

- A. Summer: Two Weeks or More \_\_\_\_\_
- B. Summer: Less Than Two Weeks \_\_\_\_\_
- C. Two to Eight Weeks during the Academic Year (including January) \_\_\_\_\_
- D. Less than Two Weeks during the Academic Year (including January and Spring Break) \_\_\_\_\_

Academic Level (number of students at each level)

- A. Associate's \_\_\_\_\_
- B. Bachelor's \_\_\_\_\_
  - a. Freshman \_\_\_\_\_
  - b. Sophomore \_\_\_\_\_
  - c. Junior \_\_\_\_\_
  - d. Senior \_\_\_\_\_
- C. Master's \_\_\_\_\_
- D. Do not know \_\_\_\_\_

Major Field of Study (number of students in the following majors—list students with more than one major in multiple categories)

- A. Business and Management \_\_\_\_\_
- B. Education \_\_\_\_\_
- C. Fine or Applied Arts \_\_\_\_\_
- D. Foreign Languages \_\_\_\_\_
- E. Humanities \_\_\_\_\_
- F. Social Sciences (includes psychology) \_\_\_\_\_
- G. Mathematics or Computer Sciences \_\_\_\_\_
- H. Physical or Life Sciences \_\_\_\_\_
- I. Undeclared \_\_\_\_\_
- J. Other (please specify major field and total below) \_\_\_\_\_
- K. Do not know \_\_\_\_\_

---

Disability

- A. No Disability \_\_\_\_\_
- B. Disability (*includes physical, hearing, vision, mental, chronic health-related, learning, multiple and other disabilities*) \_\_\_\_\_
- C. Do not know \_\_\_\_\_

**TRAVEL PROJECT REGISTRATION FORM (SAMPLE)**

Name: \_\_\_\_\_

S.S.# \_\_\_\_\_ Bronc ID# \_\_\_\_\_ Email \_\_\_\_\_

Ethnicity/Race (*White; Hispanic or Latino/a; Black or African-American; Asian/Native Hawaiian or Other Pacific Islander; American Indian or Alaska Native; Multiracial; Prefer not to report*): \_\_\_\_\_

Disability: Yes \_\_\_\_\_ No \_\_\_\_\_ Prefer not to report \_\_\_\_\_

Number of credits earned \_\_\_\_\_ GPA \_\_\_\_\_ Degree program \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

\_\_\_\_\_  
PLEASE LIST ALL

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
CITY

STATE

ZIP CODE

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

EXACT NAME OF PARENTS OR GUARDIANS (IF STUDENTS) OR CLOSEST RELATIVE/FRIEND:  
\_\_\_\_\_

Can they be reached at the Home Address above? YES \_\_\_ NO \_\_\_

If not, provide their address and phone \_\_\_\_\_

Have you traveled abroad? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Where? (continue on back, if desired) \_\_\_\_\_

With whom? \_\_\_\_\_ Length of stay? \_\_\_\_\_

For what purpose (leisure, education, business, other)? \_\_\_\_\_

Do you have a passport? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a U. S. citizen? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you enrolling in the course that incorporates this trip? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you applying for financial aid? YES \_\_\_\_\_ NO \_\_\_\_\_ (\*If yes, you must be enrolled in the travel project course, and you must immediately apply for aid to ensure timely arrival of funds)