



1300 West Park St.
Butte, MT 59701
(406) 496-4304
graduatedean@mtech.edu

Thesis Abroad Application

PERSONAL INFORMATION

Full Legal Name: _____

_____ Last _____ First _____ Middle

Email: _____ Phone: _____

Student ID: _____ Passport Number: _____

Current Street Address: _____

City, State, ZIP: _____

Permanent Street Address: _____

City, State, ZIP: _____

Emergency Contact Name & Relationship: _____

Contact Address: _____

Contact Phone Number: _____

INSURANCE INFORMATION

Do you have Montana Tech health insurance? Yes No

If no, do you have other health insurance that covers you abroad? Yes No

Insurance coverage is available for students studying abroad at minimal cost.

ACADEMIC INFORMATION

Department: _____ Major: _____

Credits completed: _____ Cumulative GPA: _____

Expected Thesis Abroad Term: _____ Expected Graduation Term: _____

Advisor: _____

Other Committee Members: _____

Note: Committee must be approved by Graduate Dean

PROJECT INFORMATION

Research Project Title: _____

Research Project Abstract: _____

Does your thesis involve any of the following:

Human subjects: Yes No Animal subjects: Yes No

Unusual hazards: Yes No

If you answered **yes** to any of the above, attach appropriate approvals, including IRB documentation.



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HOST INSTITUTION INFORMATION

Institution/University Name: _____

Institution Location (city, country): _____

Host Institution Department/Mentor: _____

Mentor Phone: _____ Mentor Email: _____

Is there an active cooperative agreement in place with the Host Institution? Yes No

Do you plan to enroll in host institution academic courses? Yes No

Are you seeking Montana Tech academic credit for these courses? Yes No

If yes, please list course names and numbers:

IN ADDITION, PLEASE ATTACH:

- **Thesis Proposal** approved by your department and committee.
- **Invitation Letter From The Host Institution** or Mentor, including the following:
 - Statement of understanding of your thesis topic;
 - Statement of intent to oversee your research there;
 - Any funding, support, or housing they would provide.
- **Statement** of 300-words or less explaining how study abroad experience will contribute to your research.
- **IRB documentation**, if applicable.

SUBMISSION DEADLINES:

Please submit at least 4 months in advance of your expected thesis abroad term or January 15th for Summer, April 15th for Fall, and September 15th for Spring. Although more than one semester spent abroad is allowable, the maximum Thesis Abroad award for a student is \$5,000 from the Graduate School. Note that the department/school/program is expected to provide half the requested funding (50/50 match).

APPROVAL SIGNATURES (IF NOT APPROVED, PLEASE PROVIDE REASONS FOR DISAPPROVAL ON AN ATTACHMENT)

Student: _____

Signature

Date

Thesis Advisor: _____

Signature

Date

Department Head: _____

Signature

Date

Graduate School Administrator: _____

Signature

Date

Vice Chancellor for Research & Graduate Dean: _____

Signature

Date