“... Therefore go and make disciples of all nations...”

Moody Bible Institute
International Studies Program
PLEASE REVIEW THESE STEPS CAREFULLY

1. Review the list of schools (see attached) participating in the ISP program and make a decision where you want to attend.

2. Contact the school and find out what courses they will be offering for the semester(s) you will be attending.

3. Meet with the Study Abroad Office to confirm that at least 12 credit hours will transfer back to Moody.

4. Once you are certain you want to go and you know what courses will transfer back, fill out the “Preliminary Application” (see attached). The form will require a professor’s recommendation.

5. Turn in the Preliminary Application to the Study Abroad Office for approval. Your GPA must be 2.3 or higher and you must not have any “holds” on your account. You must also be cleared through Treasury Operations and the Dean’s office.

6. You will then be given a “Formal Application.” You will have already checked out the courses with an Academic Records Advisor, so all you will need to do is have your Department Chair sign off on your “Formal Application.”

7. Complete and return the “Formal Application” to the Study Abroad Office.

8. The Study Abroad Office will then process your application. Once the application is processed, it will be sent to the partner school along with any other necessary documentation. From that point forward, you will be responsible for the majority of communication with the partner school.

9. You will need to stay in close contact with the school at this point and make sure that you get the following information from the school:
   a. Cost per semester & payment information.
   b. Determine if a VISA is required.
   c. Confirm what date you will need to be on campus by.
   d. Residence Information.

10. Fill out a “green card” from Academic Records to notify departments of your plans.

11. Academic Records will register you for an ISP course so do not pre-register for the semester you will be in the ISP program. Only pre-register for the semester you will be returning to Moody.

12. SPECIAL NOTE: It is the student’s responsibility to request a copy of their transcript from their ISP school. This will insure that the proper courses get transferred to your Moody transcript.

13. Please note that there is a $100.00 ISP fee for the semester you will be in the ISP program. (As well as an insurance payment if enrolled in Moody’s Insurance plan.)

14. Secure your travel and flight plans.

Please Note: The ISP program is based on a first-come, first-serve basis and is dependent on the return of the preliminary application.
HEALTH
INSURANCE NOTICE

It is the student’s responsibility to secure the details of their health insurance.
Make sure you check with your health care provider, either Moody’s or your parent’s, to make sure you are covered while in the ISP program.

Most insurance companies require that a student be enrolled in 12 credit hours or more to be considered FULL-TIME.

If you have already enrolled in Moody’s insurance plan, you are responsible to make your insurance payment for the semester you will be abroad.
Moody Bible Institute International Studies Program Partner Schools

Ambex
Florian Str.1
Amberg, GERMANY 92224
Phone: 6 011 49 96212 2354
e-mail: ambex1@gmail.com
web: www.ambex.org
www.ambex-germany.blogspot.com

Belfast Bible College
Glenburn House
Glenburn Road South
Dunmurry BT179JP
NORTHERN IRELAND
Phone: 6 011 44 289 030 1551
Fax: 6 011 44 289 030 1758
web: www.belfastbiblecollege.com
e-mail: info@belfastbiblecollege.com
NOTE: CRIMINAL BACKGROUND CHECK REQUIRED

Greek Bible College
Chr. Adamopoulou 8
Pikermi, Attiki 190 09 GREECE
Phone: 6 011 30 210 60 38 944
Fax: 6 011 30 210 60 38 947
e-mail: ebsellas@yahoo.com
web: www.alphaprogram.eu

International Christian College
110 St James Road
Glasgow G40PS UK
SCOTLAND
Phone: 6 011 44 141 552-4040
Fax: 6 011 44 141 552 0808
e-mail: tony.sargent@icc.ac.uk
web: www.icc.ac.uk

Israel College of the Bible
47 David Pinkas St.
P.O.Box 13401
ISRAEL, Netanya 42138
Phone: 6 011 972 9 8611013
Fax: 6 011 972 9 8611019
e-mail: icob@017.net.il
web: www.israelcollege.com

JETS / SALAAM Program
Jordon Evang Theo Seminary
P O Box 141280
Amman 11814 JORDAN
Phone: 6 011 9626 582 0383
Fax: 6 011 962 658 17108
e-mail:jets@jets.edu
web:www.jets.schoolinsites.com

Pathways College of Bible 
& Missions
694 Great South Road, Penrose,
Auckland 1061
PO Box 17464, Greenlane,
Auckland 1546
NEW ZEALAND
Phone: 6 011 64 9818 5112
Fax: 6 011 64 9818 4518
e-mail: info@pathways.ac.nz
web: www.pathways.ac.nz

Redcliffe College
Wotton House, Horton Road
Glooucester, GL1 3PT, UK
ENGLAND
Phone: 6 011 44 64 9 579 6714
Fax: 6 011 44 64 9 579 6731
e-mail: study@redcliffe.org
web: www.redcliffe.org

Saints Bible Institute
Via Bertoiussi 29
San Lorenzo di Arzene PN, Italia
33090
Mailing: Office of Admissions
PO Box 587
Bradenton, FL 34206-0587
Phone: 509-263-9057
e-mail: gopland@saintsbibleinstitute.org
web: www.saintsbibleinstitute.org
NOTE: MUST ALSO COMPLETE ONLINE APPLICATION

IBSTE
Ramal De La Raconada #5
08860 Castelldefels
Barcelona, SPAIN
Phone 6 011 34 93665-5690
Dorms: 6 011 34 93665-4311
e-mail: admisiones@ibste.org
web: www.ibste.org
NOTE: MUST BE FLUENT IN SPANISH

JETS / SALAAM Program
Jordon Evang Theo Seminary
P O Box 141280
Amman 11814 JORDAN
Phone: 6 011 9626 582 0383
Fax: 6 011 962 658 17108
e-mail:jets@jets.edu
web:www.jets.schoolinsites.com
Please complete the following and then give the form to the faculty member that you have selected to provide your reference. Faculty References must be completed by a full-time faculty member with whom you have taken or are currently taking a class.

Choice of School (check one only):

___ Belfast Bible College  ___ Israel College of the Bible  ___ Redcliffe College
___ Greek Bible College  ___ JETS/Salaam Program  ___ Saints Bible Institute
___ International Christian College  ___ Pathways College of the Bible  ___ Spanish Bible Institute (IBSTE)

Attendance Plan:  Check one

___ Full Year
___ Fall Only (Sept-Dec)
___ Spring Only (Jan-June)

___ Year you wish to begin

NAME__________________________________  STUDENT ID # ___________________________

MBI CPO#_______________________________  PHONE: ______________________________

CITIZENSHIP:  Country __________________  MBI Email: ____________________________
WHERE WERE YOU BORN:  City __________________  State ____  Country ____________________

DO YOU HAVE A PASSPORT?  YES _____  NO _____  EXPIRATION DATE: _____________

PRESENT CLASSIFICATION:  Freshman _____  Sophomore _____  Junior ______

EMPHASIS: ___________________________________________  PRESENT CUM G.P.A: __________________

HOW WILL YOU FINANCE OVERSEAS STUDY?

____________________________________________________________________________________________
____________________________________________________________________________________________

BRIEFLY DESCRIBE WHY YOU WISH TO STUDY OVERSEAS

____________________________________________________________________________________________
____________________________________________________________________________________________

FACULTY REFERENCE*:

Name:_______________________________________________________________________

* Must be a faculty member with whom you have taken or are currently taking a class.

(OVER)
Faculty:
The student named above has indicated interest in studying internationally. Please respond to the following:

1. Is this student currently taking a course with you? Yes ____ No ____
   If not, what was the last course that this student took with you and what term?
   Course title: ______________________________
   Semester: ___ Fall ___ Spring ___ Summer Year: __________

2. Do you recommend this student for international study? Yes ______ No ____
   If not, please explain.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Additional Observations:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Faculty (print name) ____________________________ Phone # __________
Faculty Signature ____________________________ Date ____/____/____

Please return to Miriam Mast in the Study Abroad Office, Sweeting 228

OFFICE USE ONLY

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