Program you are participating in:_____

STUDY ABROAD PROGRAM
STUDENT APPLICATION

Personal Information

Name: _____
First Middle Last

Social Security No: _____ Date of Birth:_____
MM/DD/YY

E-Mail-Address: _____ Mailing Address: _____
_____
_____

Phone Number with Area Code: (work)_____ Home _____
Passport# _____ Date of Issue:_____

Academic Information

My Current College Major is: _____
My GPA is: _____ My Minor is: _____
Min 2.0 required
Classes currently enrolled in: _____
_____
_____

Parent or Custodial Information (if under 18)

Father's Name: _____ Mother's Name: _____
Address: _____ Address: _____
_____ _____
Home Phone: _____ Home Phone:_____
Work Phone: _____ Home Phone: _____
FAX Number: _____ FAX Number: _____
_____

Additional Information

How did your learn about the Study Abroad Program? _____
_____

If you wish to identify yourself as a member of an ethnic group, please check one of the following:

☐ Black ☐ White ☐ American Indian ☐ Hispanic ☐ Asian or Pacific Islander ☐ Other

Agreement/Applicant's Signature

☐ I agree to notify the college if any of my information changes
☐ I understand that upon review, my application can either be accepted or denied.
☐ I certify that all the information provided in this application is correct.
☐ I hereby certify that I will have an adequate means of financial support for payment of any fees that I incur.

Signature of Applicant: _____ Date: _____