

## Study Abroad Pre-Application

### Applicant Information

Full Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First M.I.

Local Address: \_\_\_\_\_  
Street Address Apartment/Unit #

Permanent Address: \_\_\_\_\_  
City State ZIP Code  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

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

Credits Completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Are you a citizen of the United States? YES  NO

Session Applying For: SPRING  SUMMER  FALL  WINTER

Study Abroad Program of Interest: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Your signature authorizes the Study Abroad Office to release your academic transcripts (and resume, if requested) to international study and work programs.*

Advisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Or

Chairperson Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Vice President for Student Affairs Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
*This signature verifies that you have not engaged in continuous activities that might hinder successful completion in a study/work abroad experience.*