



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

Classification:  Freshman  Sophomore  Junior  Senior  Graduate Student

Cumulative GPA: \_\_\_\_\_ Academic Advisor(s): \_\_\_\_\_

**Academic References**

_____	_____
Name	Department
_____	_____
E-Mail	Phone
_____	
Campus Address	

_____	_____
Name	Department
_____	_____
E-Mail	Phone
_____	
Campus Address	

Please describe any medical problems (including any allergies and required medicines) which would have an effect on your stay abroad.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Accommodations or needs that must be considered in placing you in Study Abroad programs (please describe):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Aid:**

Are you currently receiving any financial aid?  Yes  No  
Are you currently receiving a Pell Grant?  Yes  No  
If No, are you eligible to receive a Pell Grant?  Yes  No  Not Sure  
Are you on work study?  Yes  No  
Do you plan to apply for financial aid for your study abroad program?  Yes  No

**Previous Travel:**

Have you ever traveled, studied or lived outside of the United States?  Yes  No  
When/How Long?

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Have you studied any foreign languages?  Yes  No If Yes, what language(s)?

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Why would you like to participate in this study abroad program? (Give a brief summary.)

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How did you hear about this study abroad program?

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May the Office of Global Programs release your name and address to potential participants?

Yes  No

I certify that all statements on this form are true and accurate to the best of my knowledge.

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Signature

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Date