

Office of Global Programs
Multicultural and International Affairs Building
1000 ASU Drive, #1109
Lorman, MS 39096-7500

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## STUDY ABROAD APPLICATION AND INFORMATION SHEET

Name:		
First	Middle	Last
Student ID Number:		Sex: Male Female
Campus/Local Address:		
Phone Number:	E-Mail Address:	
Information Valid Until:	Date of Birth:	
	Permanent (Home) Address	
Permanent Phone Number	Mother's Work Number	Father's Work Number
In Case of Emergency:		
Name		Phone Number
Address		Relationship

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 prob have an effect on your stay abroa	lems (including any allergies and required medicines) which would d.
Special Accommodations or need programs (please describe):	s that must be considered in placing you in Study Abroad

Financial Aid:		
Are you currently receiving any financial aid?  Are you currently receiving a Pell Grant?  If No, are you eligible to receive a Pell Grant?  Are you on work study?  Do you plan to apply for financial aid for your study abroad program?  Yes  No  No  No  Yes  No  No  Yes  No		
Previous Travel:		
Have you ever traveled, studied or lived outside of the United States?  When/How Long?		
Have you studied any foreign languages? Yes No If Yes, what language(s)?		
Why would you like to participate in this study abroad program? (Give a brief summary.)		
How did you hear about this study abroad program?		
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.		
Signature Date		