

Study Abroad Program Application

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK. RETURN COMPLETED APPLICATION FORM AND ALL SUPPORTING DOCUMENTS TO THE OFFICE OF INTERNATIONAL PROGRAMS

I. PERSONAL PROFILE (REQUIRED)

NAME(L, F, M)	COUNTRY OF CITIZENSHIP
STUDENT ID	PASSPORT NUMBER
GENDER	PASSPORT EXPIRATION DATE
DATE OF BIRTH	STATE OF RESIDENCE

Attach photo here

II. CONTACT INFORMATION (REQUIRED)

EMAIL ADDRESS	PHONE NUMBER
LOCAL ADDRESS	PERMANENT ADDRESS

III. EMERGENCY CONTACT INFORMATION (REQUIRED)

NAME	CELL PHONE
RELATIONSHIP	WORK PHONE
ADDRESS	HOME PHONE

IV. ACADEMIC INFORMATION

YEAR (FRESHMAN, SOPHOMORE, JR, SENIOR) & GPA	ACADEMIC ADVISOR (NAME, DEPARTMENT)
MAJOR	MINOR

VI. PROGRAM INFORMATION

ACADEMIC TERM ABROAD:	PROGRAM DATES:
PROGRAM TITLE:	PROGRAM LOCATION:

VII. PERMISSION: READ THROUGH EACH STATEMENT AND INITIAL ALL THAT APPLY

REQUIRED:

 I authorize UND to send my official transcript to the partner institution/provider to which I am apply for education abroad.

 I have read and understand the Cancellation and Refund Policy (online). <http://und.edu/studyabroad/resources/policies.cfm>
 I have read and understand the Study Abroad Handbook (online). <http://und.edu/studyabroad/resources/handbook.cfm>

Optional:

 I allow UND to discuss my study abroad experience with persons named here _____

 I release all photos taken or received from my experience abroad to be used by UND Study Abroad exclusively for promoting study abroad.

 UND Education Abroad Advisors may release my name to former, present or potential study abroad participants?

I the undersigned hereby attest that all above statements are true and accurate to the best of my knowledge.

Signed: _____ Date: _____

