

# Study Abroad/International Exchange Application

Read the Student Checklist for Study Abroad carefully before completing this form. Additional application materials may be turned in as they are completed. Type or print all information. Return this form to **International Studies Office, Heritage Center, Suite 306, Dubuque, IA.**

|  |  |  |
| --- | --- | --- |
| **Name:** (as it appears on your birth certificate or passport) | Student ID # | Term for which you are applying:*(Check one and specify year)* |
|       |      |  |
| **Gender:**       | **Date of Birth:**(mm/dd/yy)  /  /   | **Place of Birth:** (city,state,country)     U.S. Citizen [ ] Yes [ ] No |  |  |
|  |  |  |  | [ ]  | Academic Year |
|  |  |  |  |  | **20****to 20** |
|  |  |  |  |  |  |
| **E-mail address:** (UD address preferred, or an account that is accessible abroad ex. Gmail, yahoo) | [ ]  | Semester Only |
|       |  | [ ]  | Fall | 20   |
|  |  | [ ]  | Spring | 20   |
| **Campus Mailing Address:**      | **Emergency Contact:** (Name, relation, phone)      |  |  |
|  |  | [ ]  | J-term 20   |
|  |  | [ ]  | Summer 20   |
|  |  |  |
| **Local Telephone:** | **Valid Until:** | **Cell Phone:** |  |
| (   )    -     |   /  /   | (   )    -     | Please indicate the programor programs (and location)for which you are applying: *(e.g., CISabroad-Costa Rica)* |
| **Permanent Home Address:** | **Any health concerns:** (optional) |  |
|       |       |  |
|  |  |  |
| **Permanent Telephone:** | **Race/Ethnicity:** (optional) |  |
| (   )    -     |       |  |
| **College Currently Enrolled In:**[ ]  Undergraduate Program[ ]  Theological Seminary | **Expected Graduation Date:** | **Special Accommodations:** (optional) |  |
|  |  |  | **Program Dates:** |
| **Major Field(s) of Study:**     **Minor Field(s) of Study:**      | **Current Class Standing:***(determined by number of years in attendance, NOT by credits)*[ ]  Freshman[ ]  Sophomore[ ]  Junior[ ]  Senior[ ]  Other:  | **Expected Degree (BA,BS,BBA,BSN):** | Begin Date: |
|  |  |  |  |  |
|  |  |  |  | **/****/** |
|  |  |  |  | mm/dd/yy |
|  |  | Financial Aid (do you receive or plan to apply for FA?) |  |
|  |  |  |  |
|  |  | [ ] [ ]  | YesNo | End Date: |
|  |  |  |  |  |
| **GPA (Grade Point Average)** |  | If yes, please indicate which type: | **/  /** |
| Cumulative:      |  |  | mm/dd/yy |
|  |  |  |  |
|  |  |  |  |
| Office Use Only*Do not write in this area.* |  |
| ***\_\_\_\_*** | CCA | ***\_\_\_\_*** | ***CIS \_\_\_\_ UWP*** | ***\_\_\_\_*** | ***Faculty Led*** | ***\_\_\_\_*** | ***Non-UD Program*** |  |

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| **University of Dubuque****Program Application and Agreement** |

*NOTE: This form is for use by the International Studies Office to create a file and for tracking.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date:** |  |

**List below the types of courses which you intend to study while abroad** (subjects or course titles, if known)

|  |  |
| --- | --- |
|       |       |
|       |       |
|       |       |

Indicate your level of ability in any foreign languages you have studied:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Language | Basic | Fair | Good | Very Good | Proficient |
|       |  |  |  |  |  |
|       |  |  |  |  |  |
|       |  |  |  |  |  |

**How did you hear about this program**? (check all that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Study Abroad Program brochure[ ]  Program poster[ ]  Program flyer[ ]  Promotional mailing for programs[ ]  Classroom visit[ ]  Informational meeting | [ ]  Other students/program alumniName:      [ ]  Faculty member or advisorName:       | [ ]  UD Study Abroad Advisor[ ]  Newspaper Advertisement[ ]  Timetable of Classes[ ]  UD Webpage[ ]  Other:       |

* *I understand that this application does not guarantee acceptance to a study abroad program or the awarding of credit.*
* *I certify that upon acceptance by the International Studies Office to a program, I will meet with a Financial Aid Advisor in order to gain information on how to fund the program.*
* *I understand that in order to receive academic credit for participating, I must meet with an academic advisor and have the Registrar sign a Course Equivalency Form.*
* *I certify that the information provided in this application is complete and correct to the best of my knowledge. In accordance with Section 438 of the Family Educational Rights and Privacy Act (Public Law 90-247), I hereby authorize the release of materials and academic records to the UD International Studies and its partnership institutions, as needed, for processing of my candidacy for study abroad.*

Signature of Applicant Date

**Required if Applicant is under 18 Years of Age**

I hereby give my permission for my son/daughter to participate in this foreign study program. I will assume all legal and financial responsibility for his/her stay abroad.

Signature of Parent or Guardian Date

*The International Studies Office is committed to providing equal educational opportunity regardless of sex; race; color; creed; religion; national origin; disability; ancestry; age; sexual orientation; gender identity or expression; or marital, parental, veteran, or socioeconomic status.*