

Please complete all sections of the application (pp. 1-4) and submit to the international course program leader. If you are unsure who to submit the application to, please submit your completed application to the Office of International Education, 302 Bray Hall.

**Application for:**

Name: \_\_\_\_\_  
Last First Middle SU ID Number

Program You are Applying To:

\_\_\_\_\_ Country \_\_\_\_\_  
Course Number and Title

Dates of Program: \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

How did you learn about this program? \_\_\_\_\_

**Personal Information** (Please notify us of any change of address or telephone number.)

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex:  Female  Male  
Month Day Year City / State Country

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Number, Street Apartment #

\_\_\_\_\_ City State/ Province Country Zip/ Postal Code

E-mail: \_\_\_\_\_ My mailing address can be used until the following date: \_\_\_\_\_  
Month Day Year

Permanent Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Number, Street Apartment #

\_\_\_\_\_ City State/Province Country Zip/Postal Code

**Academic Status & Background**

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Specialty within major field: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Freshman  Sophomore  Junior  Senior  Other: \_\_\_\_\_

Grade Point Average (in major, estimated): \_\_\_\_\_ Grade Point Average (cumulative): \_\_\_\_\_

Semester Credits Completed To Date: Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Semester Credits Currently Enrolled: Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Your Name \_\_\_\_\_

International Program \_\_\_\_\_

**Experiences Relevant to the Program—Attach an additional page if you require additional space for responses.**

List relevant language courses (except English) or other courses you have taken that have prepared you for this program:

Title	Credits	Grade	H.S. or College?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe briefly your interest in this course and the personal benefits this international educational experience.

State briefly any additional information that may be useful in evaluating your candidacy, including any travel or residence in other countries or regions of the U.S. or anything else you wish to point out about yourself or your academic record:

**Emergency Contact Information**

Please provide the name and contact information of your parent or guardian (if under 21) or an emergency contact:

\_\_\_\_\_  
 Name (\_\_\_\_\_) Home Telephone

\_\_\_\_\_  
 Street (\_\_\_\_\_) Cell or Daytime Telephone

City State/Province Country Zip/Postal Code

E-mail: \_\_\_\_\_

**References**

Please list the names of 2 references (faculty, staff, or administrators) and provide requested information.

\_\_\_\_\_  
 Name Duration of Relationship

\_\_\_\_\_  
 Title (\_\_\_\_\_) Telephone

\_\_\_\_\_  
 Name Duration of Relationship

\_\_\_\_\_  
 Title (\_\_\_\_\_) Telephone

**Program Fees**

Please indicate program-related expenses and provide an estimated total.

Program Fee: \_\_\_\_\_ Airfare: \_\_\_\_\_ Passport & Visa Fee: \_\_\_\_\_ Misc Travel Expenses: \_\_\_\_\_

Tuition: \_\_\_\_\_ Health Insurance: \_\_\_\_\_ Educational Expenses: \_\_\_\_\_ Estimated Total: \_\_\_\_\_

Please describe your plans for financing your participation in an international program by indicating the amount of money you expect to receive from each source.

Financial Aid: \_\_\_\_\_ Scholarships: \_\_\_\_\_ Grants: \_\_\_\_\_ Loans: \_\_\_\_\_ Parent / Guardian Assistance: \_\_\_\_\_ Savings: \_\_\_\_\_

Other Assistance Sources (please describe): \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date