

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

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 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