



Office of International and Intercultural Programs

**VWC FACULTY-LED
STUDY ABROAD PROGRAM APPLICATION**

Name: _____ SS#: _____

Permanent Address: _____

_____ Date of Birth: ____/____/____

Home Phone #: (____) _____ Cell Phone #: (____) _____

Campus Extension _____ Email Address _____ Sex: M F

Current Status: FR____ SO____ JR____ SR____ Major(s): _____

Academic Advisor(s): _____

Total Credit Hours Completed: _____ Current GPA: _____ Class of 20____

Program: _____
(NAME OF PROGRAM) (PROGRAM DATES)

Approval, Program Leader: _____
(SIGNATURE)

Please read and sign the following statement concerning study abroad.

I acknowledge that study abroad approval is contingent upon satisfying academic and social standing at the College. I understand and accept the conditions related to study abroad participation, and I assume to full responsibility for fulfilling all such requirements.

(STUDENTS SIGNATURE) (DATE)

Parent/ Guardian signature (if under 18): _____

Approval, Director of OIP: _____
(SIGNATURE) (DATE)