



Office of International and Intercultural Programs

**PRELIMINARY INFORMATION FOR PROSPECTIVE STUDY
ABROAD STUDENTS**

1. Name (please PRINT clearly): _____
Email: _____
Date of visit: ____/____/____ Graduation: Month ____ Year ____
 2. Social Security Number: _____
 3. When would you like to study abroad (Fall, Spring, Winter, Summer/ Year)?

 4. Campus/ Local Address: _____
Local Phone Number: (____) _____
 5. Faculty Advisor: _____
 6. Major: _____
 7. Why do you wish to study abroad? _____
 8. In what countries are you interested in studying abroad? _____
 9. Current GPA: _____ GPA in major: _____
 10. Do you speak any foreign language? _____ If yes, which language(s)

- If so, please circle: beginner intermediate advanced

Scholarships (Please list):

Please be aware that it is your responsibility to arrange a meeting with Ms. Lena Johnson as all programs must be approved by the Office of International and Intercultural Programs before applications are submitted to program affiliates. Contact at ljohnson@vwc.edu or oip@vwc.edu or call extension x3279