



STUDENT INFORMATION FORM
Faculty-led Study Abroad Course

Name: _____ Student ID#: _____

Permanent Address: _____
(Street address, apt. #)

(City, State, zip code) 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 _____

Course: _____
(COURSE TITLE) (COURSE TRAVEL DATES)

Location(s): _____
City, Country

Approval, Course Instructor: _____
(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.

(STUDENT SIGNATURE) (DATE)

Parent/Guardian signature (*if under 18*):

(PARENT/GUARDIAN SIGNATURE) (DATE)