

APPLICATION FORM
STUDY ABROAD PROGRAM FLORIDA GULF COAST UNIVERSITY
Due February 10th, 2010

Study Abroad Program to _____ semester: _____ year: _____ Session: _____ Summer A _____ Summer B

Name: _____
(Last) (First) (MI)

Student Number: _____ Birth Date: _____ Gender: M _____ F _____
(Mo./Day/Yr.)

Home Phone: (____) _____ Cell phone: (____) _____ Email: _____ - _____

Current Address: _____ - _____
(Street) (City) (State) (Zip)

Permanent Address: _____ I will remain at this address until: _____

Emergency Contact Person (Person to whom FGCU may release information in your absence):

Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Academic Level: ___ freshman ___ sophomore ___ junior ___ senior Overall GPA: _____

Department or College: _____ Major and/or minor: _____

Name of institution if other than FGCU: _____

Note: You must obtain approval from the FGCU instructor in order to register for the Study Abroad Program courses.

U.S. Citizen: ___ yes ___ no Passport number: _____ Valid until: _____

Country of citizenship if not US: _____

Note: You are responsible for obtaining a visa, if required

Do you have any health concerns or special needs (Allergies, restricted diet, etc) that might affect your participation in this program? Explain. _____

Why did you select this Study Abroad Program? _____

How did you learn about the FGCU Study Abroad Program? _____

Have you ever lived, traveled or studied in another country? Explain briefly: _____

List language proficiency, or prior language study, if any: _____

Your application and \$300 non-refundable deposit is due by February 10th, 2010 (cash or check written to Florida Gulf Coast University dropped off at AB7 room 415). For further information contact Noemi Creagan at Modular 1 room 28- email to: fcreagan@fgcu.edu or Brian Bovard at Whitaker 119 - email: bbovard@fgcu.edu