

APPLICATION FORM

STUDY ABROAD PROGRAM FLORIDA GULF COAST UNIVERSITY

Study Abroad Program to _____ semester: _____ year: _____

Actual Dates of Study: _____

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

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

Email: _____

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

Current Address:

(Street) (City) (State) (Zip)

I will remain at this address until the following date: _____

Permanent Address:

(Street) (City) (State) (Zip)

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

Name: _____ Relationship: _____

Address: _____

Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Academic Level: Freshman ___ Sophomore ___ Junior ___ Senior ___

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

Name of institution if other than FGCU: _____

Overall GPA: _____

Note: you must obtain course 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 health insurance that covers you while you are out of the US? ___ yes ___ no

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

Goals/motivation for selecting your 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: _____

Please submit this application by January 5, 2009. Drop off at Whitaker Hall room 245 in envelop addressed to F. Noemi Creagan
