



STUDY ABROAD APPLICATION

ALL students who study abroad in programs approved and/or sponsored by the Consortium for Global Education are required to complete this application. A copy of this application should be filed with the study abroad office at your university and a copy emailed to studyabroad@cgedu.org.

Country/Primary Study Abroad Location

Preferred semester or date for Study Abroad

First and Middle Name: _____ Preferred Name: _____
(As it appears on your passport)

Last Name: _____ School E-mail (required): _____
(As it appears on your passport)

Phone Number (Cell or Local): _____ Student ID Number: _____

Birth Date (M/D/Y): ____ / ____ / ____ Gender (M/F): Male ____ Female ____

Birth Place: _____ Country of Citizenship: _____

Passport Number: _____ Country of Issue: _____ Expiration Date (M/Y): ____ / ____

US Citizen ____ Non-US Citizen ____ Dual Citizenship ____ (Countries _____)

Academic Information:

Year in School (X): Sophomore ____ Junior ____ Senior ____ Cumulative GPA: _____

University or College where you are presently enrolled _____

Academic Major: _____ Academic Minor: _____

Academic Advisor _____

Present Mailing Address:

Valid until: Month ____ Year ____

Street: _____

City: _____ State: _____ Zip Code _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip Code _____

Phone Number (Permanent/Home): (____) _____ - _____

E-mail (Permanent/Personal): _____

If Applying for Language Study Overseas:

List prior language course titles and levels already taken:

Dates of Travel and Countries

Dates (M/D/Y): ___/___/___ to ___/___/___

Countries: _____

Name(s) of Sponsoring Group or University: _____

Person(s) To Contact in Emergency:

Name: _____ Relationship: _____

Address: _____

Email: _____

Phone Number: Home - Night (_____) _____ - _____ Work - Day (_____) _____ - _____

Father's Name: _____

Address: _____

Email: _____

Phone Number: Home - Night (_____) _____ - _____ Work - Day (_____) _____ - _____

Mother's Name: _____

Address: _____

Email: _____

Phone Number: Home - Night (_____) _____ - _____ Work - Day (_____) _____ - _____

Beneficiary

Name of Beneficiary: _____ Telephone _____

Email: _____

Health:

My health is (X) Excellent _____ Good _____ Fair _____ Under Care _____

The Consortium for Global Education is aware of any/all of my special health considerations

Signed _____ Date _____