Study Abroad Student Information Sheet

Date: ________________

Student Name:___________________________________
Student Number:_________________________________
E-mail Address:_________________________________
Phone No: ______________________________________

How did you learn about our study abroad program?___________________________________________

Academic Major: ________________________________
Academic Advisor: ______________________________
Projected Date of Graduation:_____________________
Country(ies) of Interest:________________________________________________
__________________________________________

Foreign Language Abilities:
_____________________________________________
_____________________________________________
_____________________________________________

Semester You Wish to Study Abroad: _______________