

Short-Term Programs Abroad Application
Southern Illinois University Carbondale
SOCIAL, HEALTH, & HUMAN SERVICES in ECUADOR
May 17 – 29, 2010

Name _____ Gender: Male ___ Female ___
(As listed on passport) Last First Middle

Current Address: *Good until:* ____/____/____ Permanent Address:

Phone: _____ Phone: _____

E-mail Address: _____ Cell Phone: _____

Program: _____ Location: _____

Approximate Dates: _____ Field of Study: _____

University Information (*For students and those seeking university credit only*)

Name of Home University: _____

Academic Level: Freshman Sophomore Junior Senior Graduate Other: _____

SIUC Student I.D.#: _____ College GPA: _____ Expected Graduation Date: _____

Highest Degree Earned: _____ Major & Minor: _____

Please check the appropriate section:

____ I intend to register for credit through Southern Illinois University Carbondale. I understand that I will be sent registration information and that it is my responsibility to complete and return this information. **Note:** Class registration cannot be changed after the program begins.

____ I intend to register through the co-sponsoring university (please indicate): _____ and I understand that it is my responsibility to make all arrangements for credit through that university. **This is only available for select programs.** Otherwise, all students register for credit through SIU Carbondale.

____ I do **not** intend to register for credit. I understand that I will not be sent information on optional registration.

IMPORTANT: Tuition is not included in the program fee.

Passport Information

Date of Birth: _____ Passport #: _____ Expiration Date: _____

Citizenship: _____ Note: You do not need a passport to apply for the program, but you should apply for it immediately. Please send us the passport information or a copy of the information page after you receive it.

Important: Generally, your passport must be valid for six months after your departure date from the host country.

Emergency Contact (person(s) to be notified in case of an emergency while you are overseas or traveling)

Name(s): _____ E-mail: _____

Telephone: _____ Relationship: _____

Thank you for your interest in our programs.