

Short-Term Programs Abroad Application

Southern Illinois University Carbondale

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

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

Cell Phone: _____ Phone: _____

Other Phone: _____ E-mail Address: _____

Program Information (Indicate the Short-Term Study Abroad Program for which you are applying)

Program Name: _____ Location: _____

Approximate Dates: _____ Field of Study: _____

Registration Information

Please check the appropriate section:

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

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

Other: _____

IMPORTANT: Tuition is not included in the program fee.

University Information (For *all* students and anyone seeking university credit)

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: _____

* To be assigned for non-SIUC students.

Passport Information (If passport application is in process, please fill out what you can and send us the rest later.)

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

Country of Citizenship: _____ **Important:** Generally, your passport must be valid for six months after your departure date from the host country. If you have a passport, make sure to double-check the expiration date.

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

Name(s): _____ E-mail: _____

Telephone: _____ Relationship: _____

State any special needs which may affect you as a traveler: _____

Please continue on Page 2

General Information

Why are you interested in this program? _____

Experience, skills, interests, training or foreign language ability that might bear on your contribution to the program: _____

Have you ever traveled outside the United States and, if so, where? _____

Departure City

The program fee (if airfare is included) is generally based on departure from St. Louis, Missouri. Other departure cities **may** be available, but this will affect the program fee. Please advise if there is another departure city that you would prefer: _____ We will contact you if this city is available and to inform you of the cost before making any changes. **Please note that participants are responsible for any extra charges incurred .**

Roommate Preferences

I would like to room with: _____(both must indicate).

Smoking: I smoke/do not smoke and would prefer a roommate who is smoking/non-smoking/does not matter.

Please note that we will make every effort to accommodate your roommate requests, but we cannot guarantee that we will be able to do so. This depends in part on the composition of the group.

Ethnic Identification (Optional):

American Indian/Alaska Native Asian/Pacific Islander Hispanic/ Latino
Black (not Hispanic) White (not Hispanic) Other _____

Study Abroad Programs recommends that each participant obtain travel insurance in case you must cancel owing to a medical or like emergency. You are required to have adequate medical insurance. Please see the listing on our website for sample providers, <http://www.ips.siu.edu/sa/resources.html>.

Currently enrolled students should check with their academic advisors about how this program will apply to their degree.

Return to: Study Abroad Programs; Mail Code 6885; Southern Illinois University; Carbondale, Illinois 62901.

Telephone: (618) 453-7670; E-mail: studyabr@siu.edu **Please make deposits payable to "Southern Illinois University."**

In addition to this application, you will need to submit the following:

- 1) *Application Deposit (This is usually \$250 unless the program materials indicate a different amount.)*
- 2) *After we receive your Application, we will send the following items to you to complete: Registration Information, Assumption of Risk, Insurance, Health and Wellness Information and Medical Information.*

The information provided above is accurate to the best of my knowledge. I understand that it is my responsibility to ensure that Study Abroad Programs has up-to-date contact information. I certify that I am not on any kind of academic or disciplinary suspension or probation.

Signed _____ **Print Name:** _____ **Date:** _____

OFFICE USE ONLY

Date Application Received: _____

DB	DATE	CHECK #	RECEIPT #	RECEIPT SENT	AMOUNT	<input type="checkbox"/> Guide sent
						<input type="checkbox"/> Photo
						<input type="checkbox"/> Registration
						<input type="checkbox"/> Risk Form
						<input type="checkbox"/> Health Forms

Thank you for your interest in our programs.