

## 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](mailto:studyabroad@cgedu.org).*

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### Country/Primary Study Abroad Location

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 \_\_\_\_\_