

STUDY ABROAD APPLICATION

Last Name _____ First Name _____ Middle Initial _____ FAMU ID # _____ Class _____
 Primary E-mail Address _____ Daytime Phone ____ / ____ Cell Phone ____ / ____ Fax ____ / ____
 Local Address _____ City _____ State _____ Zip _____
 Billing Address _____ City _____ State _____ Zip _____
 Permanent Address (when FAMU is not in session) _____ City _____ State _____ Zip _____
 Name of School Currently enrolled _____ Major _____ Expected Graduation Date _____
 If under 21, Name of Parent/Guardian _____ E-mail Address _____
 Mailing Address _____ City _____ State _____ Zip _____

Name of Study Abroad Program:
 College Consortium for International Study (CCIS): Country _____
 Consortium of International Education & Exchanges (CIEE) Country _____
 Other: _____ American International Foreign Services (AIFS) FAMU Sponsored: Dominican Republic Mexico
 Semester of Proposed Study Abroad: Fall Spring Summer Year: ____ Sponsoring U.S. Institution _____
 Reason for Study Abroad: Academic Credits in Major Career Advancement Professional Certification Internship
 International travel experience Other _____

Previous Study Abroad Experience/s: (1) _____ (2) _____
 Previous international travel: _____

Describe your proficiency in the language of the study abroad program selected: Indicate the language of program _____

	Very Fluent/Excellent Grammar	Fluent/Good Grammar	Some Understanding	None
Speaking/Conversation	_____	_____	_____	_____
Reading/Composition	_____	_____	_____	_____

Indicate high school courses in the Language cited above ___ Beginner ___ Advanced Beginner ___ Intermediate ___ Advanced
 Indicate college level courses in the Language cited above ___ Beginner ___ Advanced Beginner ___ Intermediate ___ Advanced

Which of the following factors most influenced your decision to apply for this particular program. Check all that apply.
 major requirement educational goals academic advisor faculty member OIED Study Abroad staff career goal
 Foreign language skills desire to travel abroad personal growth another student affordability cultural immersion

Emergency Contact:
 Last Name _____ First Name _____ MI _____ Relationship to Applicant _____
 Permanent Address _____ Apt# _____ City _____ State _____ Zip _____ Country _____
 Cell Phone ____ / ____ Daytime Phone ____ / ____ Evening Phone ____ / ____ E-mail _____
 Place of Employment _____ Employment Phone ____ / ____
 Secondary Contact: Name _____ Day Phone: ____ / ____ Evening Phone ____ / ____ Cell Phone ____ / ____

I have read and understand the application process, including the statement on *payment of fees and withdrawal policies*. I understand that the enrollment fee must be submitted with the application as the first installment on the total cost of the program and is refundable only after withdrawal of my application during the "acceptance stage" and prior to the university registration process. My acceptance letter will include an **Acceptance Form** that must be returned within two weeks from the date of my acceptance letter. I understand that I am responsible for making sure that the required study abroad and university fees are paid according to the publicized OIED and university posted schedule and that failure to remit required fees will result in being administratively withdrawn from the program and the host university without credit hours. All required application forms are due prior to my being cleared for enrollment.

Signature of Applicant _____ Date _____ Parent Signature (if applicant under age of 18) _____ Date _____