

Application Form
 Augsburg Abroad - Office of International Programs



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| Name as appears on your passport (First, Middle, Last) | | Augsburg ID # | |
| Campus Box # (Day Students) | | Email Address | |
| Local Phone | | Work Phone & Co. Name | Cell Phone |
| Preferred Mailing Address (If campus, give only your campus box #) | | City | State |
| Permanent Address & Ph # (If different from above) | | City | State |
| Program Name (CGE, IP, SIT...) | | Location (Country/City) | University abroad (if applicable) |
| Term Abroad <input type="checkbox"/> Fall 20__ <input type="checkbox"/> January 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Academic Year 20__ - 20__ <input type="checkbox"/> Summer 20__ | | Program Contact Info (Name, Phone, Email, Website) | |
| Program <input type="checkbox"/> Day Full-time <input type="checkbox"/> WEC Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Day Part-time <input type="checkbox"/> Non-Augsburg | | | Current Year <u>During</u> Program <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior |
| Major(s) | Minor(s) | GPA | Faculty Advisor |
| Gender <input type="checkbox"/> female <input type="checkbox"/> male | Birthdate (month/date/year) | Foreign language experience (language, years studied, level) | |
| Do you hold a U.S. passport? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not yet have a passport | U.S. Passport Number Expiration Date: | If you do not hold a U.S. passport: Country Expiration Passport Number: | |
| Race (Response is voluntary. Information will be used for study abroad statistics) <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Asian-American or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> White | | | |
| How did you learn about this program? <input type="checkbox"/> Study Abroad Office <input type="checkbox"/> Study Abroad Fair <input type="checkbox"/> Faculty Member <input type="checkbox"/> Poster <input type="checkbox"/> Another Student <input type="checkbox"/> Other: | | | |

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|----------------------------------------------|-------------------------------------|-------------------------------|---------------------------------------------------|----------------------------------------|
| For Office Use Complete Date _____ | | | Pre-departure forms Complete Date _____ | |
| <input type="checkbox"/> App | <input type="checkbox"/> CAF | <input type="checkbox"/> SAC | <input type="checkbox"/> Med | <input type="checkbox"/> Drop/add |
| <input type="checkbox"/> Liability | <input type="checkbox"/> Transcript | <input type="checkbox"/> DOSC | <input type="checkbox"/> Contact | <input type="checkbox"/> Cost Estimate |
| <input type="checkbox"/> Policies | <input type="checkbox"/> CTE | | <input type="checkbox"/> Letter | |

Essay Questions

Please type your answers on an additional sheet and attach. (You may use the same essays requested by the program.)

1. Why have you chosen this program and location? What contribution will it make to your education and career goals?
2. In what ways do you hope this program will affect you personally?
3. Describe a past experience that has prepared you for the challenges of adjusting to a new culture and living conditions. Include past international travel and locations.

Program Details (Non-Augsburg Programs Only)

1. Program Dates
2. Program application deadline
3. Program's GPA requirement & eligibility

Signature

By signing this application I understand that:

Augsburg Abroad will check with the Office of the Vice President of Student Affairs to verify whether I am on probation. If I am on disciplinary probation, I understand that I will not be allowed to study abroad. I also understand that other information may be shared with Augsburg Abroad and used to develop a plan to make my experience abroad successful. This information will not affect my acceptance to study abroad.

Augsburg Abroad will check with Student Accounts to see if I have a balance on my account. If there is a balance, I will not be allowed to study abroad until it is cleared.

I have received an Advising Handbook for Study Abroad. I have reviewed it and am aware of issues regarding credit, financial aid, and study abroad costs.

Signature _____

Date _____

Submit application materials by the deadline to:

Augsburg Abroad

Mailing Address: Campus Box 307, 2211 Riverside Avenue,
Minneapolis, MN 55454

Campus Location: Murphy Place 200

Tel: 612-330-1650 | Fax: 612-330-1695 | abroad@augsborg.edu