Albright College
Faculty-Led Study Abroad
Application Form: Part I

This application indicates your interest in the program. Students must also make the required nonrefundable deposit and register for the course to be formally considered registered in the course.

A. Personal Information   Date: _____

Name:_____
          (Last)   (First)   (M I)

Birth Date:_____ Birth Place: _____Citizenship _____

Email:_____ Course Location:_____

Campus box number:_____   Cell Phone:_____

Local Address: _____

_____

Home / Permanent Address:_____

_____

Home Phone: _____

Do you have a Passport? _____   If yes, Passport Number:_____
Expiration Date: _____

Emergency Contact—Please provide the name, address and relationship of the person who should be notified in the case of an emergency:

_____
          (Name)   (Relationship to you)

Address: _____

_____

Home phone: _____   Work phone: _____

Email address: _____   Cell phone:_____

Please submit your application to Kim Justeson in the Experiential Learning and Career Development Center.

B. Program Information

Course Title and Number_____
                                    (Example: ESS 298 Field Study in Peru)

Dates of Program:_____ Name of Instructor(s):_____

Do you plan to apply course credits towards your:

      Major/Minor _____   General Studies _____   Elective _____

C. Academic Information

Class Standing: _____   Major(s):_____
      (Freshman, Sophomore, etc)

Cumulative GPA: _____   Academic Advisor: _____
      (name and department)
Cumulative credits: _____   Expected Date of Graduation: _____

Are You in Good Financial Standing with Albright College? _____
 *Student records are checked prior to travel to determine financial eligibility. It is the student's responsibility to ensure they are in good financial standing before putting down a non-refundable deposit on travel course. If you have any questions about financial eligibility contact the Student Accounts office.

D. Relevant Information

Have you traveled outside of the US before? If so, where have you traveled?
_____

Please list any dietary restrictions (include vegetarian/vegan):_____

_____

Please list any allergies (food, drugs, significant environmental, etc.) and type of reaction_____

_____

_____

As part of the application process, the names of students planning to take part in a study abroad program are forwarded to the Dean of Students Office. The DoS Office informs the faculty member leading the program and the director of Experiential Learning, in confidence, whether any applicants have had judicial sanctions. Whereas a disciplinary sanction does not necessarily preclude a student's participation in an Albright study abroad program, such information is taken into consideration by the faculty member(s) in charge of the program. Your signature below signifies your willingness for this information to be released.

_____   _____
      Student Signature   **Date**

Please submit your application to Kim Justeson in the Experiential Learning and Career Development Center.