



STUDY ABROAD APPLICATION

Student Information

Study Abroad Program: _____

Name: _____ Student ID # _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Campus Box # _____

Cell Phone # _____ Date of Birth: _____

Sex: Male _____ Female _____ U.S. Citizen: Yes _____ No _____

Do you have a valid passport? Yes _____ No _____ If yes, passport # _____

Class standing: Freshman _____ Sophomore _____ Junior _____ Senior _____

GPA _____

Major(s) _____ Minor(s) _____

In an emergency, parents/guardians may be reached as follows:

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

Home Phone # _____ Home Phone # _____
(Include area code) (Include area code)

Work Phone # _____ Work Phone # _____
(Include area code) (Include area code)

Cell Phone # _____ Cell Phone # _____

Email: _____ Email: _____

In the case that parents/guardians are not available, please list the name of someone else to contact:

Name: _____ Relationship to Student: _____

Address: _____

Home Phone # _____ Work Phone # _____
(include area code) (include area code)

Cell Phone # _____ Email: _____

Do you have any special needs which Saint Mary's needs to be aware of in order to determine appropriate academic accommodations? If yes, please explain:

Please attach a brief essay stating the following:

- 1) Describe why you selected the program you did and how it fits your academic and personal goals.
- 2) Describe any previous experiences you had living, traveling, or studying abroad.
- 3) Summarize how you have been involved on campus and any internships/jobs you have had.

References

Your advisor, a faculty member, and/or a hall director you indicate below need to complete a "reference form." Two are included in this application packet for you to distribute.

Academic Advisor/Faculty Member

Other Faculty Member or Hall Director

Name: _____

Name: _____

- I certify that the statements I have made on this application are true and correct and I will contact the Study Abroad Office with any changes or be subject to potential dismissal.
- I understand that the program deposit is not refundable under any circumstances if I am accepted into the program.
- Once the program begins, the amount of the deposit will then be credited to my tuition account.
- I agree to abide by the rules and policies of Saint Mary's University as well as host institution.
- I agree to abide by the laws of the country where the study abroad program is located.
- I hereby authorize my name, address, and telephone number to be distributed to other participants.

SIGNATURE: _____ DATE: _____

Return all completed application materials to:

Saint Mary's University of Minnesota
Study Abroad Office
International Center, the Heights
700 Terrace Heights #51
Winona, MN 55987-1399
Phone: (507) 457-6996
studyabroad@smumn.edu