

UM-St. Louis Cumulative GPA: _____ Expected Date of Graduation: _____

Academic Advisor: _____

Courses in which you are currently enrolled: _____

Other courses that you plan to complete before going abroad: _____

List the languages you have studied, the number of years you've studied them:

Language

of years studied

List all colleges and universities that you have attended, including degree(s) earned where applicable.

Academic References

List the names and departments for the faculty members from whom you have requested letters of recommendation.

1. _____
Name *Department*

2. _____
Name *Department*

Certifications

May the Center for International Studies release your name and email address to present or potential study abroad participants?

Yes

No

May the Center for International Studies provide information related to your study abroad program to your emergency contact?

Yes

No

I certify that the information in this application is true and complete to the best of my knowledge. I understand that any action on this application is contingent on review of all of my grades until the time of departure for the program. I understand that the application process will include supplementary materials, which I agree to complete promptly. If accepted, I will participate in all required orientations and complete all evaluations. I authorize the Center for International Studies to forward my transcripts to the overseas studies program(s) to which I am applying. Finally, I authorize the Study Abroad Coordinator to release any information deemed relevant to my health and/or safety.

Signature

Date