

University of Missouri-St. Louis 261 MSC, Study Abroad Office  
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phone: (314) 516-5229  
fax: (314) 516-5636  
Email: studyabroad@umsl.edu  
www.umsl.edu/studyabroad

## Faculty-Led Program Study Abroad Application

**Please completely fill out this form and return it to the Study Abroad Office.**

### Program Information

Program Name: **Iklaina 2008**

Location:

Term: **Summer 2008.**

Credit Option: \_\_\_\_\_ Credit \_\_\_\_\_ Non-Credit Session \_\_\_\_ (1) \_\_\_\_ (2)

### Applicant Information (please print)

Name:

*Last*

*First*

*MI*

Home University:

UMSL Student #(if applicable):

Social Security #:

Date of Birth:

Gender:

Male

Female

Citizenship: Passport # (if known):

**Please complete the following and check the quickest, most reliable way of contacting you.**

Preferred Email:

Cell Phone:

Local Address:

Local Phone:

Local address valid until (date):

Permanent Address:

Permanent Phone:

Emergency Contact:

Address:

Emergency contact Home Phone:

Work Phone:

Email:

## Academic Information

Classification during your intended program abroad:

FR SO JR SR GR OTHER

*For Current Students Only*

Major(s):

Minor(s):

Cumulative GPA:

Expected Date of Graduation:

## Certifications

Name of preferred roommate (if applicable): \_\_\_\_\_

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 and required payments, which I agree to complete and submit promptly.***

*If accepted, I*

*will participate in all required orientations and complete all evaluations. Finally, I authorize the Study*

*Abroad Program Coordinator to release any information deemed relevant to my health and/or safety.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## IMPORTANT INFORMATION REGARDING FEES AND REGISTRATION FOR CREDIT

**Fees** There are two fees: program fee and tuition/technology fee. Each fee must be paid separately.

1. *Program fees* must be paid by check made out to UMSL and sent or brought to the Study Abroad Office. Credit cards are NOT accepted for program fees.
2. *Tuition/technology fees* will be billed to your student account by the Cashier's Office after registration is complete. Non-UMSL students will receive a bill in the mail. If not participating for credit, the non- credit fee is payable by check made out to UMSL and must be sent to the Study Abroad Office.

**Registration** Instructions will be given out at orientation or mailed to you. DO NOT REGISTER WITHOUT RECEIVING INFORMATION FROM THE STUDY ABROAD OFFICE ABOUT THE CORRECT PROCEDURE FOR YOUR PROGRAM.