



Application Contact

Sarah Wayne

The Education Abroad Network

220 W. Colfax Ave., Suite 600

South Bend, IN 46601 USA

1.800.585.9658

Personal Information

Legal Name: _____
 (first name) (middle name) (last name)

Preferred Name: _____ Gender: male female

Date of Birth (mm/dd/yyyy): _____

Marital Status: single married Religion (optional): _____

Contact Information

Email Address: _____

Mobile Phone Number: _____

Landline Phone Number: _____

Current/Campus Address

Street: _____

City: _____ State: _____ Zip Code: _____

Address Valid From: _____ to: _____

Permanent Address

Street: _____

City: _____ State: _____ Zip Code: _____

Permanent Home Phone Number: _____

Passport Information

If you do not currently have a passport, please apply for one and provide the passport information as soon as possible.

Citizenship: _____ Passport Number: _____

Country of Birth: _____ Country of Issue: _____

City of Birth: _____ Expiration Date: _____

Program Choice

Indicate study period, year, and program for which you are applying. If applying to more than one program, please rank your program choices in order of preference.

Semester Programs

- Beijing: Univ. of Int'l Business/Economics
- Shanghai: Fudan University
- Thailand: Payap University
- Singapore: Nanyang Tech. University
- China Semester Internship Program

Summer Programs

- Thailand Summer School
- China Summer Internship
- Public Health

Study Period

- Fall Semester
- Spring Semester
- Summer
- Academic Year
- Calendar Year

Year

- 2010
- 2011
- 2012
- 2013



Name: _____

Date of Birth: _____

Academic Information

Current College or University: _____

Class standing: freshman sophomore junior senior

Graduation Date (mm/yyyy): _____

Cumulative GPA: _____

Most Recent Semester GPA: _____

Major 1: _____

Major 2: _____

Minor 1: _____

Minor 2: _____

Previous Colleges or Universities Attended

Please list any other colleges or universities you have attended prior to your current institution. You are required to submit transcripts from these institutions. Do not list high school work.

Table with 3 columns: (Institution Name), (Dates Attended), (GPA/Credits Earned)

Language Ability

Please outline any previous host country language study or ability.

Blank lines for language ability description

- English is my native language
English is my current language of instruction. TOEFL score: _____

Special Needs

If you have a disability or medical condition that will require assistance or accommodation overseas, please provide a brief description below. You will need to provide documentation of your condition and information from your current university's Accommodation Office describing the accommodation you currently receive. This information will be kept confidential and will not affect your program application.

Blank lines for special needs description

Banking Options

If available, do you wish to have your host university open a bank account for you?

- Yes, I would like my host university to open a bank account in my name.
No, I already have a bank account in my host country.
No, I would not like my host university to open a bank account for me.



Name: _____

Date of Birth: _____

How Did You Hear About the Education Abroad Network?

- Study Abroad Office
- Study Abroad Fair
- Education Abroad Network web site
- Friend/Family Member
- Education Abroad Network representative
- Search Engine: Which one? _____
- Program Alumni: Who? _____
- Other web site: Which one? _____
- Other: Please specify: _____

Emergency Contact Information

Primary Contact

Name: _____

Relationship: _____

Email Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Secondary Contact

Name: _____

Relationship: _____

Email Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____



Name: _____

Date of Birth: _____

Release of Information

Check all that apply

- I understand that the Education Abroad Network will discuss details of my participation in a study abroad program with, but not limited to, its staff, my home university officials, my host university officials, travel providers, housing providers, and my parents/guardians.
- I do not want information about my participation in the Education Abroad Network’s programs shared with the following:

- I hereby give the Education Abroad Network permission to include my contact information on program participant lists for distribution to other program participants.

Agreement and Waiver

I wish to be considered for one of the Education Abroad Network’s programs and declare that the information submitted is correct and complete. I understand that the Education Abroad Network or the university to which I am admitted reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. I further understand that the Education Abroad Network or any overseas university may obtain records from any education authority or institution previously attended by me, and I authorize the Education Abroad Network and other third parties to do so. I have read and understand the Education Abroad Network Program Guide in full and also agree to abide by the rules and regulations of the foreign university, US sponsoring university, or program.

(Student Signature)

(Date)

Application Fee Payment

A non-refundable \$30 application fee is required of all applicants.

- Check or money order enclosed
- I have checked with my study abroad office, and the application fee is waived
- Please charge my credit card Select one: MasterCard Visa

Credit Card Number: _____

Expiration Date: _____ Amount: _____

Card Holder Name: _____

Card Holder Email Address: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____