



# WILLIAM JEWELL COLLEGE

## STUDY ABROAD APPLICATION

APPLICANT INFORMATION (Please Print)							
Last name:		First:	Middle:	Preferred name:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
						<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No		Citizenship:	Social Security no.:		Date of birth:	Age:	Gender:
Passport Number:				/ /			<input type="checkbox"/> M <input type="checkbox"/> F
Permanent home address:				Cell phone no.:		Home phone no.:	
				( )		( )	
City:		State:		Zip Code:		WJC Campus Box:	
Are you a commuter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Commuter address (if different from home):			City:	State:	Zip code:	
Academic advisor(s):			Major(s):			Minor(s):	
Classification at beginning of study abroad: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior							

PARENT CONTACT INFORMATION					
Father's name:		Address (if different):		Home phone no. (if different):	
				( )	
Employer:	Employer phone no.:	Email:		Cell phone no.:	
	( )			( )	
Mother's name:		Address (if different):		Home phone no. (if different):	
				( )	
Employer:	Employer phone no.:	Email:		Cell phone no.:	
	( )			( )	
To whom should study abroad information (application decision, financial information, etc.) be sent? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Neither					
Should someone other than a parent be notified in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:		Relationship:	
				Contact no.:	
				( )	

STUDY ABROAD PROGRAM INFORMATION				
I would like to apply for the following study abroad program:		Term of study:	WJC approved program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application submitted online? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____		_____	_____	_____
<i>Academic Advisor Signature</i>		<i>Date</i>		
Transcript requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal statement attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommendations required: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Name of recommender(s):	

STATEMENT OF RESPONSIBILITY (Applicants should initial next to each statement)	
_____	I have examined the academic program for which I am applying and determined it to be compatible with my current academic program at Jewell, or I am willing to do the work necessary to make it compatible (summer school, extra semester, etc.).
_____	I have studied the information on my program's costs and believe that they are manageable and within my budget. I have read the provided information on financial aid and understand that for institutional aid that can be renewed, I will not receive a greater portion toward an approved program's tuition than I receive toward Jewell's tuition.
_____	For the purpose of application review, I authorize the Study Abroad Coordinator and Committee access to confidential records and information concerning me in the Dean's Office and the Student Affairs Office.
_____	
<i>Applicant Signature</i>	
_____	
<i>Date</i>	

Student ID:	Fee Paid:	Admit Decision:	Approval:
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