



## STUDY ABROAD PROGRAM APPLICATION

Country program you are applying for: \_\_\_\_\_

Quarter & year of program: \_\_\_\_\_

If applicable, please indicate your flight choice:  Group flight  I plan on purchasing my own flight

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Are you under 18?  Yes  No Passport #: \_\_\_\_\_

SID #: \_\_\_\_\_ Passport expiration date: \_\_\_\_\_

Telephone: \_\_\_\_\_ \*Passports must be valid 6 months after program end date

Email Address: \_\_\_\_\_

### STUDENT TYPE

Are you a Running Start student?  Yes  No

Are you an International student?  Yes  No

### EDUCATION

College of Attendance: \_\_\_\_\_

Start date (quarter): \_\_\_\_\_ Year: \_\_\_\_\_

Field of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

High School or previous College Attended: \_\_\_\_\_

Dates of Attendance: from \_\_\_\_\_ to \_\_\_\_\_ GPA: \_\_\_\_\_



## ADDITIONAL APPLICATION REQUIREMENTS

Please submit the following with this application:

- Unofficial copy of most recent transcript
- Two letters of recommendation (at least one from a faculty member)
- Personal Essay
  - On a separate piece of paper, please describe the reasons you would like to study abroad, what you hope to accomplish while studying abroad, and how you hope to incorporate the experience into your academic or career plans (1 page).

**Program Deposit:** A \$450 non-refundable deposit is required to hold your space on a study abroad program. Please note, applications are accepted on a rolling basis. Early applications are encouraged due to limited participant capacity. The deposit must be submitted within 2 weeks of acceptance or by the application deadline (whichever is earlier) to guarantee your spot in the program.

### PLEASE READ AND SIGN THE FOLLOWING:

I understand that I am applying for an academic, credit-bearing college program. If my application is accepted for this program, I agree to attend the mandatory pre-departure orientation which will take place on a Saturday approximately one month prior to program start date.

The information I provided in this application is true and accurate.

**COVID-19 Acknowledgement:** I understand that I will be required to follow all destination-specific rules and regulations related to COVID-19, including, but not limited to: Testing and vaccine requirements to enter the country, social distancing and activity limitations while abroad, and testing requirements to return to the USA. I understand that I am responsible to pay any/all related costs for COVID testing.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Must be signed by a parent/guardian if student is under 18*

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed application by the deadline to Megan Swanson  
Email: [studyabroad@greenriver.edu](mailto:studyabroad@greenriver.edu) Cell Phone: 253-293-0129