STUDY ABROAD PROGRAM APPLICATION

Applications are accepted on a rolling basis. Early applications are encouraged. Submit your completed application by the posted program deadline to Megan Swanson (or your college study abroad coordinator). Email: studyabroad@greenriver.edu

Country program you are applying for: ________________________________

Quarter & year of program: _______________________________________

For JAPAN program applicants only, please indicate your flight choice:

___Group flight ___I plan on purchasing my own flight

Students on all other programs besides Japan will need to purchase their own flights. We will provide some guidance and a recommended arrival window for airport pickup.

PERSONAL INFORMATION

First Name: ________________________________ Last Name: ________________________________

Preferred Name: ___________________________ Gender Identity: _____________________________

Date of Birth _____________________________ Country of Citizenship: _______________________

Are you under 18? ___Yes ___No Do you have a current Passport? ___Yes ___No

Student ID #: ________________________________ Telephone: ______________________________

School Email Address: ______________________________________________________________

Personal Email Address: ______________________________________________________________

STUDENT TYPE

Are you a Running Start student? ___Yes ___No

Are you an International student? ___Yes ___No
EDUCATION
School you Currently Attend: ______________________________________________________________
Start date (quarter): _____________________   Year: _________________________
Field of Study: __________________________   GPA: _________________________
High School or previous school attended: _______________________________________________
Dates of Attendance: from ____________________ to ____________________ GPA: _______________

ADDITIONAL APPLICATION REQUIREMENTS
Please submit the following documents with your application:

- Unofficial copy of most recent transcript
- Two letters of recommendation (at least one from a faculty member)
  - Letters should assess the candidate’s ability to succeed on this program, both academically and personally. Please address elements such as: the student’s maturity, adaptability, aptitude for cultural competency, ability to work well with others, ability to manage college level work while living abroad, reliability, etc.
  - References can submit letters directly to studyabroad@greenriver.edu
- 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).

Interview & Deposit: After you submit your application, we will schedule an interview. Upon acceptance into the program, a $450 non-refundable deposit is required. The deposit must be submitted within 2 weeks of acceptance or by the application deadline (whichever is sooner) 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 pay all required fees, and attend the mandatory pre-departure orientation which will take place on a Saturday approximately one month prior to program start date. I confirm that 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 any testing requirements to return to the USA. I understand that I am responsible to pay any/all related costs for COVID testing.
Student Printed Name: ______________________________________________________

Student 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: ____________