



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: _____

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: _____

Current Address:

Permanent Address (if different from current address):

EDUCATION

College of Attendance: _____

Are you a Running Start student? Yes No

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 program deposit is not required with your application paperwork but it must be submitted by the application deadline 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.

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 Katie Papke or Megan Swanson in IVD
Email: studyabroad@greenriver.edu
Office Phone: 253-833-9177 ext. 2160 or 4892