

STUDENT APPLICATION FOR FACULTY-LED ABROAD PROGRAM

PERSONAL AND CONTACT INFORMATION

Name exactly as it appears (will appear) on your passport:

Last name: _____ First name: _____ Middle I _____

PSU ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email you check: _____

Pitt State email address: _____

Gender (circle one): M F Birth Date (MM/DD/YY): _____

Major: _____ GPA (current cumulative): _____

Classification (circle one) FR SO JR SR GR Other: _____

Country of Citizenship: _____ Have you ever been abroad (circle one)? NO YES

If yes, where and when: _____

PROGRAM INFORMATION

Faculty leader: _____

Destination Country/Countries: _____

Specific dates of study program: _____

STUDY ABROAD STIPEND INFORMATION

If you are eligible for a Study Abroad Stipend for this program (see OIPS for eligibility), do you have a SS# or Tax ID? ___ Yes ___ No (If no contact the OIPS for further guidance ASAP)

STATEMENT OF GOALS AND OBJECTIVES (if requested by faculty leader)

On a separate sheet of paper, please explain why you wish to participate in this program and how it will enhance your academic program here at PSU.

AGREEMENT OF PARTICIPATION

I understand that approval to participate in this program may include a review of my academic and disciplinary records. I give the director of the specific study abroad program and any other committee member making decisions on my participation permission to review these records. Furthermore, I understand and agree that I will continue to be subject to the rules and regulations of Pittsburg State University in both academic and personal behavior during this program.

I also agree to be subject to other rules given by the director of this program or the host institution. I also will be subject to all laws of the host country. I understand that failure to obey any rules or laws may result in the premature ending of my participation in this program. I will be responsible for all expenses as a result of disciplinary sanctions or illegal or unacceptable activity.

In order to participate, I understand that I must enroll in the course attached to the study abroad program and that I must pass the prerequisite course to this study abroad program, if applicable.

I affirm that I have researched/will research my destination and have/will carefully read the US State Department's consular information sheet and the US Center for Disease Control's travel information specific to my destination.

I have educated myself about the study abroad program by looking at the program website, contacting the organizers with any questions in regards to academics, logistics, finances, health, safety, or any other matters, and I feel informed about the program. I affirm that I have responded truthfully to all information requested in this application process.

Signature of Student: _____ Date: _____

June 2019