

**APPLICATION FOR FACULTY-LED ABROAD PROGRAM:  
COMMUNITY OR FACULTY MEMBER**

**PERSONAL AND CONTACT INFORMATION**

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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle I \_\_\_\_\_

Please circle: Community Member or Faculty Member PSU ID (if faculty): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Country of Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_ Date of Exp.: \_\_\_\_\_

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: \_\_\_\_\_

**AGREEMENT OF PARTICIPATION**

I understand that the director of the specific study abroad program must approve my application to participate in this program. Furthermore, I understand and agree that if I should be approved to participate in this program I will be subject to the rules and regulations of Pittsburg State University.

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.

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 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: \_\_\_\_\_

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