



STUDY ABROAD/INTERNATIONAL TRAVEL APPLICATION

(ALL students who travel internationally or study abroad in programs approved and/or sponsored by Anderson University are required to complete Pages 1 & 2 of this form. Students studying abroad for an extended period of time involving academic credit and/or financial aid are also required to complete Page 3)

First and Middle Name: _____ Preferred Name: _____
(As it appears on your passport)

Last Name: _____ School E-mail (required): _____
(As it appears on your passport)

Phone Number (Cell or Local): _____ Student ID Number: _____

Birth Date (M/D/Y): ____/____/____ Gender: ___Male ___Female

Birth Place: _____ Country of Citizenship: _____

Passport Number: _____ Country of Issue: _____ Expiration Date (M/Y): ____/____

US Citizen ___ Non-US Citizen ___ Dual Citizenship _____ (Countries _____)

Academic Information:

Year in School: ___ Sophomore ___ Junior ___ Senior Cumulative GPA: _____

Academic Major: _____ Academic Minor: _____

Academic Advisor _____

Present Mailing Address:

Valid until: ____ Month ____ Year

Street: _____

City: _____ State: _____ Zip Code _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip Code _____

Phone Number (Permanent/Home): (____) ____ - _____ E-mail (Permanent/Personal) E-mail: _____

Dates of Travel and Countries

Dates: ____/____/____ to ____/____/____

Countries: _____

Name(s) of Sponsoring Group or University: _____

Person(s) To Contact in Emergency:

Name: _____ Relationship: _____

Address: _____

Email: _____

Phone Number: Home - Night (_____) _____ - _____ Work - Day (_____) _____ - _____

Father's Name: _____

Address: _____

Email: _____

Phone Number: Home - Night (_____) _____ - _____ Work - Day (_____) _____ - _____

Mother's Name: _____

Address: _____

Email: _____

Phone Number: Home - Night (_____) _____ - _____ Work - Day (_____) _____ - _____

Beneficiary

Name of Beneficiary: _____ Telephone _____

Email: _____

Health:

My health is _____ Excellent _____ Good _____ Fair _____ Under Care

The International Programs Office is aware of any/all of my special health considerations

I have completed and returned original or copies of the following forms to Anderson University International Programs Office:

- a. Study Abroad and International Travel Application
- b. Anderson University Agreement for International Program Participation
- c. Anderson University Release, Waiver of Liability and Covenant Not to Sue

_____ Signed _____ Date

STUDY ABROAD CHECKLIST

(Only required for extended study abroad programs involving academic credit and/or financial aid)

(Please check that you have completed each of the below procedural steps to participate in a study abroad program approved and/or sponsored by Anderson University)

- I have consulted with a Financial Aid Counselor and completed the Anderson University Study Abroad Financial Aid Checklist.
_____ Signed _____ Date
- I have consulted with my Academic Advisor and provided him/her a copy of the AU Transient Course Work Approval.
_____ Signed _____ Date
- I have notified the Registrar's Office about my pending study abroad, have returned a copy of the completed AU Transient Course Work Approval form and have requested that upon completion of my study abroad course work an official transcript be sent to the AU Office of the University Registrar, 316 Boulevard, Anderson, SC 29621.
_____ Signed _____ Date
- I have reviewed the US State Department Travel Warnings for the countries in which I will study and travel.
- I have reviewed the Centers for Disease Control (CDC) information on health, inoculations and current conditions for the country(s) in which I plan to travel and have had the required inoculations.
- I have completed and returned a copy of this form (Anderson University Study Abroad and International Travel Application) and the original or copy of the forms below to the Anderson University International Programs Office:
- a. Anderson University Study Abroad Financial Aid Checklist
 - b. Anderson University Agreement for International Program Participation
 - c. Anderson University Release, Waiver of Liability and Covenant Not to Sue
 - d. AU Transient Course Approval Form
 - e. Inoculation Card (When inoculations required for travel)
- _____ Signed _____ Date

By submitting this form, I understand that I am also required to participate in a Mandatory Pre-Departure Orientation Session scheduled by the sponsoring group and/or the International Programs Office at Anderson University.

Applicant's Signature

Date

***A copy of this form must be on file in International Programs Office before travel commences.**

For Office Use Only:

Program Reference Code: _____

Date Received _____ **IPO Signature** _____