



UMAIE

MAY/JUNE TERM ABROAD APPLICATION

Application for May/June 2010

PLEASE PRINT OR TYPE ONLY

for office use only

Application #: _____
 # in Line: _____
 Reg. Date: _____
 Reg. Time: _____

T# _____ Course Title _____

Proper Legal Name (AS IT DOES/WILL APPEAR ON PASSPORT)			
First Name	Middle Initial	Last Name	Birthdate

M or F

College _____ Student ID # _____
 Student P.O. # _____ E-Mail Address _____
 Campus Phone (____) _____ Cell Phone (____) _____
 Year of Graduation _____ Major _____

Mailing Address (if living off campus) Street _____ City _____ State _____ Zip _____ Current Phone (____) _____	<u>REQUIRED:</u> Mailing Address (during the Summer) Street _____ City _____ State _____ Zip _____ Phone (____) _____
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Emergency Contact _____ Relationship _____
 Home Phone (____) _____ Office Phone (____) _____

Are you a U.S. citizen? Y N Do you have a valid U.S. passport? Y N
 Passport Number _____ Expiration Date _____

IMPORTANT NOTE: PASSPORTS MUST BE VALID UNTIL DECEMBER 2010

If you have a foreign passport, which country is it from? _____

Diet Restrictions: Diabetic No dairy No red meat Vegetarian

If you have a specific physical, psychiatric or learning disability and require accommodations or auxiliary aids in your living environment and/or classroom, let your Campus UMAIE Board Member know at the time of acceptance so that your needs may be appropriately met.

- Your signature below verifies the following:
1. I have completed the prerequisites required to enroll in this course and have listed them on the back of this form.
 2. I am not on academic or disciplinary probation.
 3. I must cancel in writing and abide by the cancellation policies. (I realize that if I cancel after March 31, 2010 I may forfeit the entire cost of the course.)
 4. I have read and will abide by the rules and procedures of the Association as printed on the attached sheet.
 5. I have written a personal statement explaining my reasons for wanting to participate in this course on the back side.

Signature of Applicant _____ Date _____

Signature of Academic Advisor _____
(NO SIGNATURE REQUIRED FOR STUDENTS FROM ST. CATHERINE OR ST. THOMAS)

Signature of Campus UMAIE Board Member _____ Check # _____

(over)

