



# UMAIE

## JANUARY TERM ABROAD APPLICATION

Application for January 2017

PLEASE PRINT OR TYPE ONLY

T# \_\_\_\_\_ Course Title \_\_\_\_\_

**Proper Legal Name (AS IT DOES/WILL APPEAR ON PASSPORT)**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

M or F
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Institution \_\_\_\_\_ P.O. Box # \_\_\_\_\_ Student ID # \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Major \_\_\_\_\_

GPA in Major \_\_\_\_\_ Overall GPA \_\_\_\_\_

**Mailing Address (if living off campus)**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_ Cell 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 THROUGH AUGUST 2017**

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

**If you have a specific physical, psychiatric or learning disability and require accommodations or auxiliary aids in your living environment and/or classroom, please advise and discuss with your campus UMAIE Board Member at the time of acceptance to ensure your needs can be accommodated.**

All students applying to participate in study abroad programs are required to disclose any disciplinary history with their institution, along with their disciplinary history at any other institution of post-secondary learning, if applicable.

Have you ever been found responsible for violations of the student code of conduct at this or any other college or university?

Yes (initial) \_\_\_\_\_ Please list all disciplinary incidents and sanctions incurred for each incident. (use a separate sheet of paper)

No (initial) \_\_\_\_\_

**Students may not apply for more than one UMAIE course.**

**Wait list students must cancel off the wait list before they can transfer to another course.**

Your signature below verifies the following:

1. I have attached a readable copy of my valid passport, or a readable copy of my passport application form.
2. I have completed the prerequisites required to enroll in this course and have listed them on the back of this form.
3. I am not on academic or disciplinary probation and I authorize the staff of this institution access to my academic and disciplinary records.
4. I must cancel in writing and abide by the cancellation policies. (I realize that if I cancel after October 1, 2016, I may forfeit the entire cost of the course.)
5. I have read and will abide by the rules and procedures of the UMAIE Consortium as printed on the attached sheet.
6. 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 Representative \_\_\_\_\_ Check # \_\_\_\_\_

(over)

