



PERSONAL INFORMATION

Name:

E-mail:

Phone:

Student ID:

Address:

Date of Birth:

Study Abroad Program Site, Year and Quarter:

Cumulative GPA:

Current Program of Study:

Running Start: Yes No

Passport Number:

Date of Expiration:

Country of Citizenship:

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- Unofficial copy of most recent college transcript showing completion of at least 12 academic credits with a cumulative GPA of at least 2.5
- Two letters of recommendation (at least one from a former/current course instructor); can be submitted via email from recommender to Caroline.Zeiher@Edmonds.edu. (WCCCSA and Exchange Programs Only)

EMERGENCY CONTACTS:

Primary

Name:

Relationship to Applicant:

E-mail:

Phone:

Secondary Phone:

Address:

Secondary

Name:

Relationship to Applicant:

E-mail:

Phone:

Secondary Phone:

Address:

PLEASE READ AND SIGN THE FOLLOWING:

“I agree to attend a mandatory advising session with my campus study abroad advisor and will contact the Study Abroad Office to arrange for an appointment. I also agree to attend the mandatory pre-departure orientation if I am admitted to this study abroad program. I understand that I am personally responsible for meeting all required deadlines and payment obligations or I risk being penalized. I understand that I am applying for a full-time academic college program, and will be expected to participate in and complete all required coursework including regular classroom attendance and participation in academic activities. I further certify that I am in good academic standing at my home institution, and that I am not subject to any action at law or facing any pending legal action that would preclude me from departing or re-entering the USA. I also understand that I am subject to the Edmonds College Student Guidelines when I go abroad on an Edmonds College program. Lastly, I understand that if I choose to have reasonable accommodation(s) for my disability, I must work with my campus coordinator prior to departure on arrangements.

The information I have provided in this application is true and accurate and subject to verification.”

Signature: _____ Date: _____

Parent Signature (If under 18)

Signature: _____ Date: _____

Please return your completed application to:
Office of International Programs (Snohomish Hall, Room 301) or to Caroline.Zeiher@edmonds.edu

ESSAY (WCCCSA, Green River College, Exchange Programs Only)

Please describe the reasons you would like to study abroad, what you hope to accomplish while studying abroad, and how you hope to incorporate the experience into academic or career plans. (1 page)

