

Study Abroad Application

Name(s) _____ Relationship to you _____

Address _____

Telephone (work) _____ (home) _____

E-mail _____

ESSAY

On separate paper, 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 maximum, 1.5 spaced)

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 college faculty member); can be submitted via email. I would like to have reasonable accommodation provided for my disability while I'm abroad with Edmonds College. I would like my campus coordinator to provide me with information about how to request reasonable accommodation(s).

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: _____

Please return your completed application to:

Office of International Programs (Snohomish Hall, Room 301) or to study_abroad@edmonds.edu



EDMONDS COLLEGE
STUDY ABROAD

Study Abroad Application

Program Site, Year and Quarter: _____

PERSONAL INFORMATION

Last, First Name: _____

**Print name as it appears in your passport*

Passport number (if you have one): _____ Student number: _____

Country of Citizenship: _____ E-Mail Address: _____

Date of Birth: _____ Telephone number: _____

Current Address: _____

Permanent Address: _____

LOCAL EMERGENCY CONTACT

Last, First Name: _____

Relationship to you: _____

Address: _____

Telephone (work) _____ (mobile) _____

E-mail: _____

EDUCATION

Field of Study _____ Cumulative GPA (2.5 or higher) _____

"I hereby certify that I have successfully completed at least 12 college credits of academic coursework with a cumulative GPA of 2.5 or higher."

Signature: _____ Date: _____



EDMONDS COLLEGE

STUDY ABROAD

Study Abroad Application

EMERGENCY CONTACTS:

Primary Contact:

Name:

Relationship:

E-Mail:

Phone (Personal):

Phone (Work):

Mailing Address:

Secondary/Back-up Contact:

Name:

Relationship:

E-Mail:

Phone (Personal):

Phone (Work):

Mailing Address:

If You are Under 18:

Signature of Parent/Guardian: _____

Date:



EDMONDS COLLEGE

STUDY ABROAD