

## Preliminary Application

Program Site, Year and Quarter	
Personal Information	
Family Name *Print name as it appears in your passpo	First Name
Time name as it appears in your passpo	
Passport # (if you have one)	Country of Citizenship
Date of Birth	Student numberce and Barcelona Programs have a minimum age of 18.
E-Mail Address	
Telephone #	
Current Address	
Permanent Address	
Education	
Dates of Attendance: From	To
Field of Study:	Cumulative GPA (2.5 or higher)
"I hereby certify that I have successfully with a cumulative GPA of 2.5 or higher."	completed at least 12 college credits of academic coursework
Signature:	Date:

Please continue on next page....



## Parent(s)/ Spouse or other Local Emergency Contact

Name(s)	Relationship to you
Address	
Telephone (work)	(Home)
E-mail	
	ns you would like to study abroad, what you hope to u hope to incorporate the experience into academic or
with a cumulative GPA of at least 2.5	script showing completion of at least 12 academic credits are from a college faculty member); can be submitted via
	ation provided for my disability while I'm abroad with nator to provide me with information about how to request
contact the Study Abroad Office to arrange for departure orientation if I am admitted to this sturesponsible for meeting all required deadlines a understand that I am applying for a full-time acceparticipate in and complete all required courses participation in academic activities. I further cerinstitution, and that I am not subject to any activity preclude me from departing or re-entering the Student Guidelines when I go abroad on a WC have reasonable accommodation(s) for my disadeparture on arrangements.	g session with my campus study abroad advisor and will an appointment. I also agree to attend the mandatory pre- udy abroad program. I understand that I am personally and payment obligations or I risk being penalized. I ademic college program, and will be expected to work including regular classroom attendance and rify that I am in good academic standing at my home on at law or facing any pending legal action that would USA. I also understand that I am subject to the WCCCSA CCSA program. Lastly, I understand that if I choose to ability, I must work with my campus coordinator prior to application is true and accurate and subject to verification."
Signature:	Date: