

PASSPORT INFORMATION

Country of Citizenship: _____

Do you have a Passport?

Yes Number _____ City Issued _____ Expiration Date _____

No (Please begin the process immediately as it may take two to three months. You are responsible for obtaining your passport in time for the departure date.)

ACADEMIC DATA

College: _____

Major(s): _____ Minor(s): _____

Cumulative GPA: _____ Current Standing: Freshman Sophomore Junior Senior Graduate

PREVIOUS TRAVEL

Please list any previous international travel experiences you have had.

Country	Duration of Stay	Purpose of Visit
Country	Duration of Stay	Purpose of Visit
Country	Duration of Stay	Purpose of Visit
Country	Duration of Stay	Purpose of Visit

HEALTH ISSUES

Please list any personal or health issues that may affect your study abroad experience.

STUDENT CERTIFICATION/SIGNATURE

I certify that the preceding statements are true and accurate to the best of my knowledge. I hereby give my approval to have the information in my university records made available to the Office of International Relations and cooperating departments at UAFS.

Signature _____ Date _____

Return your completed application and waiver along with a copy of your passport to International@uafs.edu or the Office of International Relations (Smith-Pendergraft Campus Center 122). A \$50 study abroad application fee will be added to your account.