

OFFICE OF STUDY ABROAD AND INTERNATIONAL EDUCATION
UNIVERSITY OF ARKANSAS

APPLICATION FOR UNIVERSITY OF ARKANSAS
STUDY ABROAD PROGRAMS
SUMMER 2007

NAME OF PROGRAM: _____

Legal Name: Mr., Ms., _____
last first middle

UA Student ID # _____ Expected Date of Graduation _____

Undergraduate Graduate College: FULB WCOB AFLS ARCH EDUC ENGR LAW

Major _____ 2nd Major _____ Minor _____

Please indicate if you are enrolled in the Honors Program: 4 year Honors Departmental Honors

FOR VISITING STUDENTS ONLY:

If you are **not** currently enrolled at the University of Arkansas, please list your home university:

Name of College City, State Dates Attended Degree

If you are not currently enrolled at the University of Arkansas, have you ever taken courses at UAF? Yes No

If yes: Term/Year _____ Name used then: _____

SCHOLARSHIPS/AID

Please name the scholarships and/or financial aid you are currently receiving:

Do you plan to use your existing scholarships or financial aid to study abroad? yes no

Do you plan to apply for additional funding for study abroad? yes no

Please specify: _____

CONTACT

Local Address

Permanent Address

Street/P.O.

Street

City, State, Zip

City, State, Zip

Phone (please include area code)

Phone (please include area code)

UA E-mail address (IMPORTANT!)

Alternate E-mail address

EMERGENCY CONTACT

In case of an emergency during your study abroad program, who would we contact?

Name _____ Relationship to you: _____

Address _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

STATISTICAL INFORMATION

This information is used for statistical & affirmative action purposes only & cannot affect your eligibility.

Racial/Ethnic Category (Check One):

- American Indian or Alaskan Native
- Black, Non-Hispanic
- Asian or Pacific Islander
- Hispanic
- White (Non-Hispanic)

Date of Birth _____

Place of Birth _____

Age _____

Marital status Single Married

Male Female

PASSPORT INFORMATION

Country of Citizenship* _____ Passport# _____ Expires _____

* If you are not a U.S. citizen, indicate type of visa _____ Expires _____

ADDITIONAL REQUIRMENTS

- Submit a copy of your most **current academic transcript**. (UA students may submit an unofficial copy)
- Attach a **brief statement** indicating your reasons for wanting to participate in the intended study abroad program. Please indicate the types of coursework you plan to pursue and address how this program relates to your academic and personal goals.
- One **Recommendation** Form from a major professor or advisor is required. Please indicate the name of the advisor or faculty member who has agreed to complete and submit the form.

Recommendation: _____

Name

Title

E-mail

I understand that the Office of Study Abroad has the right to review all University records pertaining to my academic performance, disciplinary records and student accounts. I also understand that my acceptance will subject me to the rules and regulations of the study abroad program with regard to both personal and academic performance.

I certify that the statements I have made on this application are correct and I will notify the Office of Study Abroad immediately if circumstances change which compromise my successful participation in study abroad.

Signature _____ Date _____

Please refer to specific program information for application deadlines, payment schedules and any other supplemental material that might be needed for consideration of your application.

RETURN TO: Office of Study Abroad and International Exchange ✨ University of Arkansas ✨ 722 W. Maple St.
Fayetteville, AR 72701 ✨ Phone: (479) 575-7582 ✨ Fax (479) 575-7402 ✨ E-mail: studyabroad@uark.edu