

**Lasallian International Programs Consortium
Study Abroad Application**

Full Name _____ DOB ____ / ____ / ____
Mo Day Yr

School _____ Year of Study (circle one): FR / SO / JU / SR

Major(s) _____ Minor _____ GPA _____

Academic Advisor _____ Advisor's E-mail _____

Which semester are you applying to study abroad? _____

Please list the program and Lasallian University _____

University or Off-Campus Organizations / Awards and Honors (optional): _____

Citizenship _____ Do you have a passport? ____ If yes, Exp. Date ____ / ____ / ____
Mo Day Yr

E-mail Address _____

Campus Address: _____

Telephone: _____

Permanent Address: _____

Telephone: _____

Emergency Contact Information

Emergency Contact #1 Name: _____ Telephone: _____

Emergency Contact #1 Address _____

Emergency Contact #2 Name: _____ Telephone: _____

Emergency Contact #2 Address _____

Physician Contact Name: _____ Telephone: _____

I certify that the information above is correct. I understand that I must obtain a passport in order to study abroad. I agree to be subject to the rules and regulations of my home university, Lasallian university, and host university while studying abroad. I authorize my home university to release my academic record, disciplinary record, and financial hold information to partner universities to determine my eligibility for this study abroad program.

Student Signature: _____ Date: ____ / ____ / ____

Please submit this application with your essay, completed recommendation forms, Health Information Form, and any other required paperwork to the appropriate contact person on your campus.