

Study Abroad Programs Application (SAPA)

UAFS Office of International Relations

Program (destination/professor) for which you are applying:

You must submit a copy of your passport and a waiver form with this application. Waiver form is available at <http://uafs.edu/international/study-abroad>

Personal Data

1. Name _____
First Last

2. Date of Birth: _____ Gender: Male Female Student ID# _____
(dd/mm/yyyy)

3. Tuition Status: Resident Non- Resident Expected Graduation (Month/Year): _____

4. Current Local Address & Phone:

Street Address City, State, Zip Local phone (& ext.)

UAFS E-mail address

5. Permanent Home Address & Phone:

Street Address City, State, Zip Home phone with area code

6. Parent/Guardian/Primary Support Person Information:

Name(s): _____ Relationship to you: _____

7. Address & Phone: (if different from above)

Street address City, State, Zip Phone number with area code

E-mail address

8. Emergency Contact: (name, relationship, phone): _____

(if different from above)

9. May we speak with person(s) above about the program for emergency ? Yes No

Passport Information

10. Country of Citizenship _____

YES, I have a passport.

Number _____ City Issued _____ Expiration Date _____

NO (If no, please begin the process immediately, as it may take 2-3 months. You are responsible for obtaining your passport in time for the departure date.)

Academic Data

11. College: _____

12. Major(s): _____ Minor(s) _____

13. GPA (cum.): _____ Current Standing: Fresh Soph Junior Senior GR

14. Previous Travel

Please list below any previous international travel experiences you have had. Indicate countries visited, duration of stay, and purpose of visit.

15. Health Issues

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

16. 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 Office of International Relations and cooperating departments at UAFS.

Signature

Date(dd/mm/yyyy)

Return your completed application to : Office of International Relations (Vines 106)

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