APPLICATION TO STUDY ABROAD

LYCOMING COLLEGE

Return this completed form and Statement of Purpose to the Office of the Registrar. *Type neatly or print.*
Obtain two Recommendation forms from and return to the Coordinator for Study Abroad.

NAME _____ **DATE** _____
LAST **FIRST** **MIDDLE**

STUDENT ID: _____ **ANTICIPATED GRAD DATE** _____

ADDRESS _____ **MAJOR(S)** _____
STREET *(or Campus Box if living on campus)*

_____ **MINOR(S)** _____
CITY **STATE** **ZIP**

HOME PHONE # _____

EMERGENCY CONTACT WHLE ABROAD Name _____
Relation _____ **Phone #** _____

My signature indicates the following:

(1) I grant Lycoming College permission to use my name, term of study, host institution and country in publications, letters to prospective students, and press releases.

(2) I grant permission to the Study Abroad Coordinator to review academic and disciplinary records for the purpose of determining if my background is suitable for participating in the study abroad program listed below.

STUDENT SIGNATURE _____ **DATE** _____

STUDY ABROAD INSTITUTION _____
PROGRAM NAME (if applicable) _____

TERM(s) STUDYING ABROAD [] Fall [] Spring [] Summer sessions Year _____

Below are the courses with alternates that I plan to take abroad. I plan to take a total of _____ credits.

I have included course descriptions and a description of the grading and credit system. □ **Yes** □ **No, I'm going to an affiliate.**

DEPT & COURSE #	TITLE: (MUST BE INCLUDED) Course descriptions and program materials (if a non-affiliate program) MUST accompany this application.	CREDIT HOURS	ANT. LYCO EQUIV	DEPT FACULTY APPROVAL MAJ/MIN ONLY
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REQUIRED SIGNATURES

ADVISOR _____ **DATE** _____

STUDY ABROAD COORDINATOR _____ **DATE** _____

DEAN OF STUDENTS _____ **DATE** _____
[] Approved **[] Not approved**

FINAL APPROVAL:

REGISTRAR: _____ **DATE:** _____

Total Credits: _____ **GPA:** _____ **ECODE:** _____ **REV. 10/17/06 BMM**