

## OFFICE OF GLOBAL EDUCATION GLOBAL EXCHANGE & STUDY ABROAD PROGRAM INTEREST FORM

| Name Last First   | st Middle              |
|---|------------------------|
|   |                        |
| Male Female Date of Birth   | BU ID Number           |
| Cell Phone Number ( ) Campus Phone Number ( )   |                        |
| BU E-mail Address   |                        |
| PERMANENT ADDRESS   | LOCAL ADDRESS          |
| Address Line 1  | Address Line 1         |
| Address Line 2  | Address Line 2         |
| City State Zip  | City State Zip         |
| CURRENT ACADEMIC STANDING   |                        |
| □ Freshman Major   □ Sophomore □ Junior Current GPA Credits Earned to Date   □ Senior   |                        |
| Academic Advisor Name D   | Pepartment Telephone # |
| PROGRAM TERM SELECTION  |                        |
| □ Spring       20       Name of Institutions and Countries of Interest:         □ Summer       20       2.         □ Fall       20       3.         □ Academic Year       20       4. |                        |
| Do you have a valid passport?   |                        |