

Application for Study Abroad 2016 Faculty Led Short Term Programs

Study Abroad Program Selection											
Legal Studies (London, Strasbourg, Brussels)						European Business & Culture (Munich, Heidelberg, Strasbourg, Brussels, Amsterdam)					
China Program Kenya Program							Costa Rica Spanish Immersion				
Nenya i rogiani						——Global Business European Style (Paris, France & Barcelona, Spain)					
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Application Check				41							
This application con											
Two faculty recommendation forms (attach to this application)Essay by the applicant (1-2 pages, typed, double-spaced, standard 12 pt. font): Please explain your reasons for wanting to participate in your chosen											
study abroad program. Include any information that might be helpful in evaluating your suitability for a study abroad experience (e.g., previous											
travel, work, and volunteer positions, the program's relevance to your personal and educational goals, and challenges you might experience abroad)											
Copy of current college transcript (print from your "Davenportal" account) indicating a 2.5 GPA earned by the program start											
Application fee of \$25.00 (non-refundable) payable to Davenport University											
Personal Data – usi	ng a pen.	print	t in CAPITAL le	tters	in ink (n	rovide lega	l name :	as it appears o	n v	our passport)	
		irst Nar			Middle N		Date of Birth		Student ID Number		
Country of Citizenship Passport Number		umber	(if available) Ex		xpiration Date		Gend	nder (Male or Female)		Home Campus	
Permanent Address in the U	J.S. (number,	, street	, apartment)								
City		State	State			Zip Code					
Home Phone		Mobile Phone	Mobile Phone			E-mail Address					
Current Degree Major		College Credits Con	College Credits Completed			Cumulative GPA		Exp	ected Graduation Date		
,											
Any disciplinary history? If y	yes, please de	escribe	; use additional page	e if need	ded						
Emergency Contact Person: Last Name		First Name					Relationship				
Address (number, street, ap	partment)										
City			State	State				Zip Code			
Home Phone		Mobile Phone	Mobile Phone			E-mail Address					
		rogram you will receive a packet containing additional information you will be required to furnish in order to ed risk and release forms, and other background data.									
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	•			-			•			or text books; 50% (one half) of the	
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program and no ref	-	. Di uai y	15, 2010, 110 Terum	us wiii i	be illade al	ter that. Failure	toregiste	i ioi ciasses will les	uit ii	realized attorner participation in the	
Student's Signature		Date: (month			lay/year)						
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For Office Use			1			1		1/ D : 11			
Date Received:		Approve	Approved			Approved/ or Denied by:					
Comments:			1		1						