Virginia State University Study Abroad



Application for Program Participation

Please complete this form and all related documents and submit them to: DR. GEORGE H. BENNETT OFFICE FOR INTERNATIONAL EDUCATION

Room 203 Foster Hall Virginia State University P.O. Box 9086 1 Hayden Street Petersburg, VA 23806

For help with this form, call 804-524-5986 or email questions to BennettOIE@vsu.edu.

ADMISSION INFORMATION

Please type or print in clear block letters.

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□ Fall Semester □ Spring Semester □ Academic Year Year □ Summer Session I □ Summer Session II □ Winter Session BIOGRAPHICAL INFORMATION Name First Middle Last Nickname your prefer VSU Address Street City State Zip Code Phone #1 Phone #2 Student ID # Email #2 Date of Birth □ Male □ Female Are you a U.S. Citizen? □ Yes □ No If not, home country? Type of Visa Do you have a passport? □ Yes □ No If yes, list passport number Passport Expiration Date? □ Place of Issue Parental/Guardian Contact Information	Program		Country		a
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Street City State Zip Code Country	Street	City	State Zip	Code	Country
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