

(2) Name \_\_\_\_\_ Relation \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact Other Than Parent/Guardian:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**ACADEMIC INFORMATION**

Classification when you will be abroad:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

☐ Graduate ☐ Non-Degree Seeking

Major (s) \_\_\_\_\_

Minor (s) \_\_\_\_\_

Anticipated Graduate Date \_\_\_\_\_ GPA \_\_\_\_\_

Have you ever been found responsible in a judicial or honor code violation? Explain: \_\_\_\_\_

**Courses you plan to enroll in while you are abroad:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Semester Hours Abroad \_\_\_\_\_

**FELONY/MISDEMEANOR CONVICTION:**

Are you under current indictment for or have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)? ☐ Yes ☐ No If Yes, please provide details below. Use the space on the back of this form if needed.

\_\_\_\_\_  
\_\_\_\_\_

**FUNDING YOUR STUDY ABROAD EXPERIENCE**

1. Who will be paying tuition and fees? (Check ALL that apply.)

☐ Yourself/Parents/Guardians ☐ Institutional Financial Aid

☐ Outside Scholarships

☐ Other

2. To whom should tuition invoices be sent? \_\_\_\_\_

Name \_\_\_\_\_

Complete Billing Address \_\_\_\_\_

**AGREEMENT AND RELEASE**

I certify the above information is complete and correct. I understand that any misrepresentation may result in my dismissal from the program. I understand that upon my acceptance to a Virginia State University credit-bearing program abroad, I will receive an acceptance package. The acceptance package will contain waivers, pre-registration forms, the request for payment of any non-refundable program fees as well as pertinent information regarding the program. For short-term programs conducted by VSU faculty members or university designees, I will receive information from the VSU program leader and maintain appropriate communication regarding specific payment and deadline information. Failure to meet these deadlines may result in my dismissal from the program. I hereby apply to the Virginia State University program indicated on the application and authorize the release of any information necessary to complete the application for admission.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_