

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.

Program _____ Country _____

Term

- 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 #1 _____ 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

(1) Name _____ Relation _____

Street _____ City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____