



# UMAIE JANUARY TERM ABROAD APPLICATION

Application for January 2010

PLEASE PRINT OR TYPE ONLY

for office use only

Application #:

# in Line:

Reg. Date:

Reg. Time:

T# \_\_\_\_\_ Course Title \_\_\_\_\_

Proper Legal Name (AS IT DOES/WILL APPEAR ON PASSPORT)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

M or F

College \_\_\_\_\_ Student ID # \_\_\_\_\_

Student P.O. # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Major \_\_\_\_\_

Mailing Address (if living off campus)

**REQUIRED:** Mailing Address (after December 15, 2009)

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Are you a U.S. citizen?  Y  N

Do you have a valid U.S. passport?  Y  N

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**IMPORTANT NOTE: PASSPORTS MUST BE VALID THROUGH AUGUST 2010**

If you have a foreign passport, which country is it from? \_\_\_\_\_

**Diet Restrictions:**  Diabetic  No dairy  No red meat  Vegetarian

**If you have a specific physical, psychiatric or learning disability and require accommodations or auxiliary aids in your living environment and/or classroom, please advise and discuss with your campus UMAIE Board Member at the time of acceptance to ensure your needs can be accommodated.**

Your signature below verifies the following:

1. I have attached a copy of my valid passport, or a copy of my passport application form.
2. I have completed the prerequisites required to enroll in this course and have listed them on the back of this form.
3. I am not on academic or disciplinary probation.
4. I must cancel in writing and abide by the cancellation policies. (I realize that if I cancel after November 2, 2009 I may forfeit the entire cost of the course.)
5. I have read and will abide by the rules and procedures of the UMAIE Consortium instead of Association as printed on the attached sheet.
6. I have written a personal statement explaining my reasons for wanting to participate in this course on the back side.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Academic Advisor \_\_\_\_\_  
(NO SIGNATURE REQUIRED FOR STUDENTS FROM ST. CATHERINE OR ST. THOMAS)

Signature of Campus Representative \_\_\_\_\_ Check # \_\_\_\_\_

(over)

