



UMAIE

MAY/JUNE TERM ABROAD APPLICATION Application for May/June 2012

for office use only

Application #: _____
 # in Line: _____
 Reg. Date: _____
 Reg. Time: _____

PLEASE PRINT OR TYPE ONLY

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 _____

Campus Phone (____) _____ Cell Phone (____) _____

Year of Graduation _____ Major _____

Mailing Address (if living off campus)

REQUIRED: Mailing Address (during the Summer)

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 UNTIL DECEMBER 2012

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, let your Campus UMAIE Board Member know at the time of acceptance so that your needs may be appropriately met.

Your signature below verifies the following:

1. I have completed the prerequisites required to enroll in this course and have listed them on the back of this form.
2. I am not on academic or disciplinary probation.
3. I must cancel in writing and abide by the cancellation policies. (I realize that if I cancel after March 30, 2012 I may forfeit the entire cost of the course.)
4. I have read and will abide by the rules and procedures of the Association as printed on the attached sheet.
5. 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 UMAIE Board Member _____ Check # _____

(over)

