

# Study Abroad Application

## WAYNE STATE UNIVERSITY

### International Perspectives on Education, Disability and Multiculturalism

Madrid, Spain, July 3-14, 2008 (mandatory)  
July 3-17, 2008 (recommended)

**BBE 5000, BBE 6700, SED 5010, SED 5030, SED 7050, ED 5998 and ED 7998** (2-4 Credits)

**Cost:** \$2,440 plus tuition. (Program fees may change due to unexpected increases in airline surcharges. If this occurs, those fees will be passed on to program participants.)

To apply to this program, please fill out this application, attach an unofficial transcript and submit it with a \$25 application fee to:

### Wayne State University Study Abroad and Global Programs

5155 Gullen Mall  
1600 David Adamany Undergraduate Library  
Detroit, MI 48202  
Phone: (313) 577-3207  
Fax: (313) 577-7687  
E-mail: studyabroad@wayne.edu  
Website: www.studyabroad.wayne.edu

#### Applicant Information:

Mr. Preferred First Name/Nickname Last Name Full Legal Name (as on passport)  
 Ms.

Current Address

City State/Province Postal Code E-mail \*Most correspondence from our office will be via e-mail. Please list one you check regularly.

Phone Alt. Phone Citizenship

Current GPA	Are you now a WSU student? <input type="radio"/> Yes, my WSU PID # is: _____ <input type="radio"/> No, my current institution is: _____	Status during program: <input type="radio"/> Freshman <input type="radio"/> Post Bachelor <input type="radio"/> Sophomore <input type="radio"/> Masters <input type="radio"/> Junior <input type="radio"/> Doctoral <input type="radio"/> Senior <input type="radio"/> Other Professional
Are you in the Honors Program? <input type="radio"/> Yes <input type="radio"/> No	Are you a DCE student? <input type="radio"/> Yes <input type="radio"/> No	School/College

Race/Ethnicity \*For statistical purposes only; does not affect program eligibility. If you are multi-racial, please choose the one you identify with most. Date of Birth (MM/DD/YYYY) Gender Intended Course(s)  
 Hispanic  Asian or Pacific Islander (API)  White (Non-Hispanic)  Black (Non-Hispanic)  
 American Indian, Eskimo or Aleut(AIEA) M F

#### Emergency Contact: Please list who should be notified in case of emergency

Name Relationship to you

Current Address

City State/Province Postal Code

Home Phone Work Phone Cell Phone Fax (optional)

E-mail

#### For Office Use Only

Received:

Fee received:

Data Entry:

**References:** Please list the names, telephone numbers, and e-mail addresses of two references who may be contacted regarding your application

Name	Phone	E-mail
Name	Phone	E-mail

Please list below the classes you are planning to take: (This is for planning and administrative purposes only. You will not be officially registered for the courses until after you have registered on pipeline. You may change your mind after you submit this application.)

How did you learn about this study abroad program?

- Faculty Member    
 Study Abroad Office    
 Class    
 Study Abroad Fair  
 Former Participant    
 Other \_\_\_\_\_

*Please describe*

Have you traveled abroad for longer than a week?

If yes, where? \_\_\_\_\_

*Please describe*

### Payment, Deposit and Refund Policies

Program Fee:	\$2,440. Program fees may increase due to unexpected increases in airline surcharges. If this occurs, those fees will be passed on to program participants.	
Program Deposit:	The non-refundable deposit of \$500 is due within 14 days of accepting admission into the program. The remaining balance is due in five payments of \$388 on 1/7/08, 2/11/08, 3/11/08, 4/8/08 and 5/13/08. If you are accepted in to the program after payments are due, you are expected to make those payments up as quickly as possible.	
Withdrawal Policies:	90 days or more before start of the program	75% of program fees less \$500 non-refundable deposit
	60-89 days before start of the program	50% of program fees less \$500 non-refundable deposit
Refund Policy:	1-59 days before start of the program	All payments are non-refundable

I have read and understand the Payment and Deposit Policies as listed above. I understand I will be notified of my acceptance by an official letter sent from The Office of Study Abroad and Global Programs that will be sent to the current address I provided. I also understand my acceptance letter will include a Decision Form that I must return within two weeks from the date of my acceptance letter or I will be withdrawn from the program, and agree to adhere to the program parameters as outlined by the Office of Study Abroad and Global Programs. I understand that in order to secure my place in the program, a \$500 non-refundable program fee is due within 14 days of being accepted into the program. I understand that program fees may change due to unexpected increases in airline surcharges. If this occurs, I understand that those fees will be passed on to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_  
(if applicant is under age 18)

### Release of Student Information

During the course of a student's participation in a study abroad program, The Office of Study Abroad and Global Programs may wish to provide relevant information from the student's educational records to the student's parents or other third parties. Depending on circumstances, information to be released might include student account information, information about the program in which the student is enrolled, or non-emergency information related to the student health or safety.

Please sign below to indicate that you have read this form and authorize The Office of Study Abroad and Global Programs to provide relevant information from your educational records to your parents and any relevant third parties:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_  
(if this section is not signed, no student information other than "directory information" will be released to family members, etc. except in an emergency)