

Study Abroad Application

WAYNE STATE UNIVERSITY

Spanish Language, Literature & Culture

Xalapa, Mexico
University of Veracruzana

Semester _____

Year _____

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 ZIP Code E-mail *Most correspondence from our office will be via e-mail. Please list one you check regularly.

Phone Alt. Phone

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 an honors student? <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 <small>*For statistical purposes only; does not affect program eligibility. If you are multi-racial, please choose the one you identify with most.</small> <input type="radio"/> Hispanic <input type="radio"/> Asian or Pacific Islander (API) <input type="radio"/> White (Non-Hispanic) <input type="radio"/> American Indian, Eskimo or Aleut(AIEA) <input type="radio"/> Black (Non-Hispanic)	Date of Birth (MM/DD/YYYY)	Gender M F
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Emergency Contact: Please list who should be notified in case of emergency

Name Relationship to you

Current Address

City State ZIP Code

Home Phone Work Phone Cell Phone Fax

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

First Name _____ Last Name _____

Phone _____ E-mail _____

First Name _____ Last Name _____

Phone _____ E-mail _____

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: \$~2,000-4,500 (depending on summer program or a full semester)

Program Deposit: Within two weeks of acceptance, you will be required to submit a \$150 non-refundable program fee to The Office of Study Abroad and Global Programs to secure your place. The remainder of your room and board, program fee and tuition will be assessed to your student account and you will pay the University's Cashier Office according to the published schedule.

Withdrawal Policies: Participants who wish to cancel must do so in writing by mail or email. Notification should be sent to:

Shannon Jovic
 The Office of Study Abroad and Global Programs
 5155 Gullen Mall
 1600 Undergraduate Library
 Detroit, MI 48202
 bb7944@wayne.edu

Refund Policy: The \$150 program fee, payable upon acceptance, is 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 parameters of the program as outlined by the Office of Study Abroad and Global Programs. I understand that in order to secure my place in the program, a \$150 non-refundable program fee is due within 14 days of being accepted into the program.

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,