

ACADEMIC FORM

SEMESTER ABROAD PROGRAMS

Circle one: LONDON GUADALAJARA MUNICH BRUNNENBURG SIENA GHANA

Name: _____
last first middle

Sex : () male () female

Answers to the following questions will help in planning your academic program. Please print clearly.

1. Are you currently enrolled at Guilford? If not, please explain.
2. Are you a full-time student? _____ Part-time? _____ Are you a CCE student?
3. If you are a student at another institution, are you part of the **tuition exchange** program?
4. Do you have any special personal/family situations (e.g., spouse, children) about which the Study Abroad Director or the program coordinator should be aware?
5. Do you have any health conditions or dietary requirements (e.g. allergies, strict vegetarian) which need special attention? Are you currently being treated for any chronic conditions?
6. Who will be doing your recommendation forms?
7. Have you been on a previous study abroad program while at Guilford and, if so, where?
8. On a separate sheet describe briefly your reasons for applying. (Why do you want to study abroad? What are your educational and personal objectives? Do you have any special skills or background which you could bring to the program?) **PLEASE BE SURE TO INCLUDE YOUR NAME.**
9. **Print a copy of your Banner Web transcript and include it with your application.**

Return to:
Office of Study Abroad Programs
King 112

Signature _____

Date _____