



**SCSU Study Abroad  
Information Sheet**

Please describe any medical problems (including any allergies and required medicines) which would have an effect on your stay abroad? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Accommodations:** If you require any special accommodations or wish to have a dependent accompany you during this study abroad experience, please contact the Center for International Studies at the time of application, to allow the Center ample time to consider your request.

Are you currently receiving any financial aid?	Yes ( )	No ( )
Do you plan to apply for financial aid for your study abroad program?	Yes ( )	No ( )
Are you on work study?	Yes ( )	No ( )
Have you ever traveled or studied outside of the United States?	Yes ( )	No ( )

When/How Long? \_\_\_\_\_ Where? \_\_\_\_\_

Have you studied any foreign languages? Yes \_\_\_ No \_\_\_ If yes, what language(s)? \_\_\_\_\_

Why would you like to participate in this study abroad program? (Give a brief summary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this study abroad program? Check all that apply.

_____ Classroom Presentation	_____ Study Abroad Fair	_____ Newspaper Add
_____ Flyers in Bathroom	_____ Flyers in Res. Hall	_____ Students who have Studied Abroad
_____ Professor	_____ Kiosks	_____ Other

May the Center for International Studies release your name and address to present or potential participants?  
Yes \_\_\_ No \_\_\_

*I certify that all statements on this form are true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date