



OVERSEAS STUDY APPLICATION

Please print or type.

1. Program to which you are applying:
 Country _____ City _____ Academic Program _____

2. Term/Year of Study: (check one and indicate calendar year) __ Fall _____ __ Spring _____ __ January _____
 Session Dates: __ Summer I (June) _____ __ Summer II (July) _____ __ Summer III (August) _____

3. Last Name _____ First Name _____ Middle Name _____ Social Security Number _____
 Date of Birth _____
 Mo. / Day / Year _____ City/State/Country of Birth _____ Current Citizenship _____ Sex (Circle one) M F

4. Current Mailing Address (Valid until: _____ / _____ / _____)
 Number and Street _____ Box/Apt. # _____
 City _____ State/Country _____ Zip Code _____ County _____
 (_____) _____ @ _____
 Telephone Number _____ E-mail Address _____

5. Permanent Mailing Address (if different from above)
 Number and Street _____ Box/Apt. # _____
 City _____ State/Country _____ Zip Code _____ County _____
 (_____) _____ @ _____
 Telephone Number _____ E-mail Address _____

6. Emergency Contact Information
 Last Name _____ First Name _____ Relationship _____
 Number and Street _____ Box/Apt. # _____
 City _____ State/Country _____ Zip Code _____
 (_____) _____ @ _____
 Telephone Number _____ E-mail Address _____

7. Colleges or Universities Attended:

Name of Institution	Dates		Major	Cumulative G.P.A.	Semester/Quarter Credits (circle one)
	From	To			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For CCIS Member Institution Use Only
(to be completed before forwarding the application to CCIS sponsoring institution)

Enrolling Institution: _____ Admission Recommendation: _____ / _____ / _____
 Sponsoring Institution: _____

Signature _____ Title _____ Date _____

