



WICHITA STATE UNIVERSITY

STUDY ABROAD APPLICATION

INSTRUCTIONS: In order to apply to a Study Abroad program, students must complete the following items.

- 1) Student must be currently enrolled in a full-time course of study at Wichita State University.
- 2) Undergraduate students must have completed a minimum of 30 credit hours by the time of departure. Graduate students must have completed a minimum of 12 graduate credit hours by the time of departure.
- 3) Provide recommendations letters from two references one of which must be from one of your WSU instructors. Family members and personal friends are not acceptable reference sources. Please have your references fill out the reference letter form and return them directly to the Office of International Education. Recommendation letters will only be used to evaluate your qualifications for study on the program specified on this application and will not be available to any other institution, organization, or private party.
- 4) Student must apply for a study abroad program approved by the Office of International Education.
- 5) Submit a statement explaining your reasons for wanting to study abroad as well as the relationship of the study abroad program to the your course of study. Document should not exceed one typed page on a separate sheet of paper.
- 6) Submit an official copy of your WSU transcript, all transcripts submitted become the property of Wichita State University.

OFFICE OF INTERNATIONAL EDUCATION | WICHITA STATE UNIVERSITY | WICHITA, KANSAS 67260-0122 USA
TELEPHONE: (316) 978-3232 | FAX: (316) 978-3777
INTERNET: WWW.WICHITA.EDU/INTERNATIONAL | e-MAIL: STUDYABROAD@WICHITA.EDU



WICHITA STATE UNIVERSITY STUDY ABROAD APPLICATION

Date: dd / mm / yyyy

Gender: Male Female

Desired Semester of Study: Spring Semester, 20 ____ Year

Summer Session, 20 ____ Year

____ / ____ / ____
U.S. Social Security Number (if any)

Fall Semester, 20 ____ Year

Academic Year, 20 ____ Year — 20 ____ Year

Full Name: _____
Last Name First Name / Given Name Middle Name (if any)

I am interested in studying at the university of: _____
University

In the country of: _____ Country Date of Birth: dd / mm / yyyy Age at time of Study Abroad

MAILING ADDRESS:	Address Line 1: _____
	Address Line 2: _____
	City: _____
	State: _____
	Postal Code: _____

Check if same as mailing address

PERMANENT ADDRESS:	Address Line 1: _____
	Address Line 2: _____
	City: _____
	State: _____
	Postal Code: _____

Telephone: _____ or _____

Fax: _____

Primary e-mail: _____ Second e-mail: _____

• Will you be traveling on a U.S. Passport? Yes No

If no, what country's passport will you be traveling on? _____

• **IMPORTANT:** If you already have a passport please list your information below.

PLEASE NOTE: The name listed on this application should exactly match the name on your passport. If you do not have a passport you must complete your name above as it will likely appear in your passport. _____
Passport Number

• What will be your classification at the beginning of your study abroad? SOPHOMORE JUNIOR SENIOR GRADUATE

Major(s) Cumulative WSU GPA Expected Graduation Date: dd / mm / yyyy

• Have you ever been on academic probation? Yes No

• Foreign Language Studied: FRENCH GERMAN ITALIAN JAPANESE LATIN RUSSIAN SPANISH OTHER

Current level and years of language study: _____

• Will you be applying for financial aid for study abroad? Yes No

• Are you currently receiving federal financial aid or financial aid from WSU? Yes No

PREVIOUS OVERSEAS STUDY OR TRAVEL EXPERIENCE

Please list all previous travel or study abroad experience you have including that from other universities or institutions. List them in order of attendance.

CITY AND COUNTRY

NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)

DATES VISITED OR ATTENDED

NAME OF U.S. INSTITUTION FROM WHICH PROGRAM WAS THROUGH

From: _____ To: _____
mm / yyyy mm / yyyy

CITY AND COUNTRY

NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)

DATES VISITED OR ATTENDED

NAME OF U.S. INSTITUTION FROM WHICH PROGRAM WAS THROUGH

From: _____ To: _____
mm / yyyy mm / yyyy

CITY AND COUNTRY

NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)

DATES VISITED OR ATTENDED

NAME OF U.S. INSTITUTION FROM WHICH PROGRAM WAS THROUGH

From: _____ To: _____
mm / yyyy mm / yyyy

CITY AND COUNTRY

NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)

DATES VISITED OR ATTENDED

NAME OF U.S. INSTITUTION FROM WHICH PROGRAM WAS THROUGH

From: _____ To: _____
mm / yyyy mm / yyyy

CITY AND COUNTRY

NAME OF FOREIGN SCHOOL OR INSTITUTION (IF ATTENDED)

• Please list the two individuals you will be asking to provide references for you.

Name

Relationship

Telephone: _____ e-mail: _____

Please Print Neatly

Name

Relationship

Telephone: _____ e-mail: _____

Please Print Neatly

