

APPLICATION FOR MLC STUDY ABROAD COURSES
 The College, University of Rochester
SUMMER PROGRAM

I am applying to go to:

	GRANADA, SPAIN
	PADUA, ITALY
	BERLIN, GERMANY
	ST. PETERSBURG, RUSSIA
	RENNES, FRANCE

PLEASE PRINT OR TYPE:

NAME _____
 (Last) (First) (Middle)

MALE FEMALE BIRTH DATE _____
 mm/dd/yyyy

STUDENT ID _____
 PERMANENT ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS) _____
 _____ UNTIL WHAT DATE? _____

E-MAIL ADDRESS _____

TELEPHONE NUMBER: (____) _____ - _____

HOME PHONE: _____ CELL PHONE: _____

HOME SCHOOL (if you are not a UR student): _____

CAMPUS ADDRESS: _____

CAMPUS TEL.: _____ E-MAIL ADDRESS: _____

U.S. CITIZEN? _____ IF YOU ARE NOT A US CITIZEN, WHICH US VISA DO YOU PRESENTLY HOLD?

CITIZENSHIP _____

(IF YOU HOLD DUAL CITIZENSHIP BETWEEN THE USA AND ANOTHER NATION, PLEASE SPECIFY BOTH COUNTRIES OF CITIZENSHIP.)

CLASS STANDING WHEN PROGRAM BEGINS:

FIRST YEAR SOPHOMORE JUNIOR SENIOR SPECIAL/GRADUATE

CUMULATIVE GRADE POINT AVERAGE _____

CLASS YEAR _____ MAJOR(S) _____ MINOR(S) _____

HOW DID YOU BECOME INTERESTED IN THIS SUMMER STUDY ABROAD PROGRAM?

FORMER STUDENT STUDY ABROAD OFFICE BROCHURE FRIEND POSTER INTERNET OTHER

1. What courses have you taken that might provide background to the courses in this program? Give course titles, dates taken, and a very brief description of the material covered.

2. Have you had any other experiences as background to this course? (e.g. personal, travel, independent foreign language study, other)

3. Please provide the name and address of a professor with whom you have studied who can recommend you for this program

4. What are your reasons for wanting to take this program? Please attach a separate sheet.

This information I have provided is true and complete.

SIGNATURE: _____

DATE OF APPLICATION: _____

- **Late applications will only be accepted if there is still available space in the program.**

HOUSING INFORMATION

1. Do you smoke? yes no , and I do.. I do not mind a roommate/family who smokes.
2. What are your hobbies and interests?
3. If you will be living with a family, do you have objections to being around young children? dogs? cats? other pets?
4. Are there any dietary restrictions that a host family should be made aware of?
5. You are responsible for maintaining viable health insurance coverage during your time abroad. Please give the name of your insurance company, policy number and expiration date:

The answers I have given in this application are correct to the best of my knowledge.

STUDENT SIGNATURE

DATE

PLEASE RETURN THIS APPLICATION AND SUPPORTING MATERIALS TO:

SUMMER STUDY ABROAD
MODERN LANGUAGES DEPARTMENT
LATTIMORE HALL 403, RC BOX 270082
UNIVERSITY OF ROCHESTER
ROCHESTER, NY 14627

- UR students may submit an unofficial transcript or grade report and the name of recommending professor. Non-UR students must submit an official transcript and a letter of recommendation from a language professor.

PLEASE SEE DIRECTOR OF PROGRAM FOR DUE DATE