

APPLICATION TO PARTICIPATE IN AN APPROVED OFF-CAMPUS PROGRAM

Student's Name (print) _____ SSN _____

Permanent Address _____ Phone _____

City _____ State _____ Zip _____

Campus or Local Address _____ Phone _____

Choice of Location:

_____ Washington Center

_____ Study Abroad

Country _____ Specific Program _____

Choice of Semester.

_____ First Choice Semester _____ Year

_____ Second Choice Semester _____ Year

Anticipate Courses: (Must be approved by the Registrar.)

First Choice

Alternates

Required Approvals:

Your Academic Advisor _____

Financial Aid (Judy Gardner) _____

Study Abroad Coordinator (Dr. Bowlus) _____

OR

Washington Center Liaison (Dr. Hurwitz) _____

School Dean (WA Center only) _____

Registrar (Alice Nichols) _____

Student's Signature _____ Date _____

IMPORTANT – Provide the program coordinator with the original and the Registrar's Office with a copy of the signed application.