

**Lasallian International Programs Consortium  
Study Abroad Application**

Full Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo Day Yr

School \_\_\_\_\_ Year of Study (circle one): FR / SO / JU / SR

Major(s) \_\_\_\_\_ Minor \_\_\_\_\_ GPA \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Advisor's E-mail \_\_\_\_\_

Which semester are you applying to study abroad? \_\_\_\_\_

Please list the program and Lasallian University \_\_\_\_\_

University or Off-Campus Organizations / Awards and Honors (optional): \_\_\_\_\_

Citizenship \_\_\_\_\_ Do you have a passport? \_\_\_\_ If yes, Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo Day Yr

E-mail Address \_\_\_\_\_

Campus Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact #1 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact #1 Address \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact #2 Address \_\_\_\_\_

Physician Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify that the information above is correct. I understand that I must obtain a passport in order to study abroad. I agree to be subject to the rules and regulations of my home university, Lasallian university, and host university while studying abroad. I authorize my home university to release my academic record, disciplinary record, and financial hold information to partner universities to determine my eligibility for this study abroad program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please submit this application with your essay, completed recommendation forms, Health Information Form, a copy of your passport, and any other required paperwork to the appropriate contact person on your campus.