

Application for admission into The European Studies Program

All students must complete this form prior to taking part in any study abroad program.

The completed application should be returned to: **Dr. Kaylene Barbe**
Sarkeys 116 or OBU Box 61166
878-2348

Travel dates: June 2 to June 27, 2009

Location(s): Strasbourg (France), Berlin (Germany), Paris (France)

Responsible faculty member: Dr. Kaylene Barbe

Instructions

Please complete all sections, include all necessary attachments, sign and date the form and return it to address above by January 21, 2009.

1. Personal Information OBU ID#:

Last name _____

First name _____

Gender (check as appropriate) M F

Date of Birth day month year _____

Email address _____

Current address _____

Valid until _____

Phone _____

Permanent address (if different from current address) _____

Emergency Contact

Name _____

Relationship _____

Address _____

Phone (home) _____

Phone (office) _____

Email address _____

2. Passport Information

Citizenship: _____

I have a valid passport

I do not have a passport (continue to #3)

Passport # _____

Place of issue _____

Date of issue _____

Date of expiration _____

Name As It Appears on Your Passport _____

3. Health and Medical Information

Note: The information you provide below will not be used in any way to determine eligibility for this program. The following questions are designed to aid the sending and receiving university staff in the event of an emergency. The information you provide will remain confidential and will only be shared with the program staff and faculty.

General state of health (check as appropriate)

Excellent Good Fair Poor

Describe any health conditions you have that require medical maintenance: _____

Describe any other health concerns that you have at this time: _____

Do you have any medical allergies? If so, please list: _____

Do you have any food allergies? If so, please list: _____

Do you have any dietary restrictions? If so, please indicate: _____

Do you have any medical conditions we should be aware of? _____

4. Academic Information

College / University currently attending _____

Major field of study _____

Minor field of study _____

No. of hours accumulated _____

Classification (check as appropriate)

Freshman Junior

Sophomore Senior

Graduate

Expected date of graduation: _____

List the names of two professors or faculty who are familiar with your academic work and who could be a reference for you:

Name of professor: _____

Department: _____

Phone: _____

Name of professor: _____

Department: _____

Phone: _____

List the courses for which you are seeking credit through this program:

In case of an injury, I hereby authorize and give consent to the program leaders to obtain and provide medical treatment and services for _____ as deemed necessary. (applicant name)

Signature of parent/guardian _____ Date _____
(required for applicants under the age of 18)

