

International Program Center
Bemidji State University
Deputy 103, #13

Eurospring 2009

Application Form

Date: _____ Time: _____

- REQUIRES A NON-REFUNDABLE DEPOSIT OF \$150.00 Include the attached Study Abroad Debit Slip when making payment to BSU Cashiers Office at 202 Deputy Hall. (218-755-2046)
- Applicants are required to be at the sophomore level or higher and must have a minimum GPA of 2.0.
- Students are required to submit an unofficial transcript with each study abroad application.
- Turn in the Responsibility Contract (included w/ app), signed and dated. Read travelers' health and safety info first.
- Non-BSU students must also include a "Special Student Application form". Contact the Int'l Program Center at 218/755-4096 or e-mail studybemidji@bemidjistate.edu to request the form.
- If you intend to apply for financial aid, you are advised to visit with the BSU Financial Aid Office prior to submitting your program application.

Please print

Date: _____

Name: _____

BSU ID or SSN: _____

(Do not use a nickname, please include middle name – must be as it appears on your passport!)

Current Address (address until time of departure):

Local Phone: _____

E-mail: _____

Country of Citizenship: _____

Hometown: _____

Birthplace: _____

Do you have a passport? ___ Yes ___ No

Permanent Address: (if different from current address, e.g. address of parent, guardian, spouse)

Phone: _____

E-mail: _____

Emergency Contact (person that BSU may release information to during your absence):

Name: _____

Relationship: _____

Address: _____

Phone: _____

E-mail: _____

Major: _____

Class standing (circle one) Fr So Jr Sr Grad Other _____

Previous travel experience: _____

The following questions are optional.

Gender (circle one): Female / Male Age at time of departure: _____ Date of birth (DD-MM-YYYY): _____

This travel study experience may include activities such as hikes, walking tours and other physical activities to be detailed by the faculty director. Visited sites, modes of transportation, and housing accommodations may not be handicap accessible. Requests for reasonable accommodations will be carefully considered, but may not be available, depending on the specific program. You may wish to consult with the program faculty director for additional details about the trip before submitting your application.

I certify that all statements made on this study abroad application in its entirety are true and accurate.

Signature: _____ Date: _____

Complete and present this study abroad application, along with your receipt from the Cashier's Office to the International Program Center in Deputy 103. (See attached Study Abroad Debit Slip) If you not currently enrolled on campus, mail this application, a Special Student Application form, the Study Abroad Debit Slip, and a check for \$150 payable to BSU to: The Intl Program Center, Deputy 103, 1500 Birchmont Drive NE, Bemidji State University, Bemidji, MN 56601-2699.

STUDY ABROAD DEBIT SLIP
Bemidji State University

Accounting Services
Deputy Hall, Room 202

Complete and present this document, along with your
non-refundable deposit of \$150 to:

BSU Cashiers
Deputy Hall 202

Eurospring

Cost Center: 95009

Term: 20095 Spring Semester

Program Cost: TBA

Name: _____

BSU ID or SSN: _____

Signature: _____

Date: _____