

International Program Center
Bemidji State University
Deputy Hall 103, Box 13

Sinosummer - 2009

Application Form

FOR OFFICE USE ONLY
Date: _____ Time: _____
Deposit: ___ Yes ___ No

- REQUIRES A NON-REFUNDABLE DEPOSIT OF \$150.00 Include the attached Study Abroad Debit Slip when making payment to BSU Cashiers Office, Deputy Hall 202 (218-755-2046).
- Applicants are required to be at the sophomore level or higher and must have a minimum GPA of 2.0.
- Applicants 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" and pay a \$20.00. Contact the Int'l Program Center to request the form. (218-755-4096 or e-mail studybemidji@bemidjistate.edu)
- 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!)

Country of Citizenship: _____ Hometown: _____

Birthplace: (City, State, Country) _____ Do you have a passport? Yes ___ No ___

Current Address: (address until time of departure)

_____ Local Phone: _____
_____ BSU E-mail: _____

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 at Time of Departure: (circle) Fr So Jr Sr Grad Other

Previous Travel Experience: _____

The following information is required for international travel:
Gender: (circle) 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 Responsibility Contract, the Study Abroad Debit Slip, and a check for \$150 payable to BSU to:
International Program Center, Bemidji State University, Deputy 103, 1500 Birchmont Drive NE, 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

Sinosummer 2009

Cost Center: 95007

Term: 20101 (Summer 2009)

Program Cost: TBA

Name: _____

BSU ID: (or SSN) _____

Signature: _____

Date: _____