

Doggett International Center  
Campus Union  
**Study Abroad Application**

Name \_\_\_\_\_

SC ID# \_\_\_\_\_

263 Alden Street  
Springfield, MA 01109

**ALL APPLICANTS MUST COMPLETE THIS FORM**

Print and use blue or black ink to complete this application. Illegible applications will not be accepted.

1. Full Legal Name \_\_\_\_\_  
Last (family) First MI Maiden

2. Permanent Address \_\_\_\_\_  
Street City State Zip Country

3. Current Address \_\_\_\_\_  
(if different from #2) Street City State Zip Country

Valid Through \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Fax \_\_\_\_\_ 5. Email \_\_\_\_\_

6. Social Security # \_\_\_\_\_ 7. Phone \_\_\_\_\_ Cell \_\_\_\_\_

8. DOB (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. City/Town of Birth \_\_\_\_\_ 10. Country of Birth \_\_\_\_\_

11. Nationality \_\_\_\_\_ 12. Passport # \_\_\_\_\_ Issuing Country \_\_\_\_\_

13. Sex  Female  Male

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14. I plan to study abroad at the following location (name of school/program and country):

\_\_\_\_\_

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_ Summer Internship: Year \_\_\_\_\_  
year year year  England  Ireland

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**15. Academic Background Information**

Home Institution & Address \_\_\_\_\_

Year:  Freshman  Sophomore  Junior  Senior

Credits completed to- date \_\_\_\_\_ Cumulative GPA (on 4.0 scale) \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Projected date of graduation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

16. Transcript Information.

17. How did you learn about SC Study Abroad Programs?

Mail official transcript to: \_\_\_\_\_  
Springfield College \_\_\_\_\_  
International Center \_\_\_\_\_  
Campus Union \_\_\_\_\_  
263 Alden Street \_\_\_\_\_  
Springfield, MA 01109 \_\_\_\_\_

Or drop off on campus at:  
International Center  
Campus Union

Phone: (413) 748.3215

**18. Statement of Purpose.** Attach a separate typed page explaining why you wish to study abroad.

**19. Parent/Guardian Information**

**Father's/ Guardian's name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) (    ) \_\_\_\_\_ work (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email \_\_\_\_\_

**Mother's/ Guardian's name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) (    ) \_\_\_\_\_ work (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email \_\_\_\_\_

**20. Emergency Contact Information**

Mother       Father

Contact information is same as above

Other \_\_\_\_\_ (please identify below)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) (    ) \_\_\_\_\_

(work) (    ) \_\_\_\_\_

(cell) (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Email \_\_\_\_\_

**21 a. Course Selection and Pre-Approval For All Programs Except Alcalingua (Spain).**

Please indicate the courses you would like to take while studying abroad for semester indicated. List your choice of 5 courses along with 2 alternative courses. Attach course descriptions for all 7 courses to this application and bring to your advisor and to the Registrar's office. All 7 courses must be pre-approved by the Registrar. NOTE: U. of Limerick requires pre-approval of 10 courses.

Course #	Course Name	Credits	Course Equivalency/ Course #/Title

Approval of Advisor: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

**21b. Alcalingua (Spain) Program Selection.**

Program A. Non-Spanish Minor – 15 credits

Program B. Spanish Minor – 18 credits

Chose One:  Intro to Spanish Economy

Spanish Cinema

Approval of Spanish Faculty Member: \_\_\_\_\_

## 22. Agreement/Applicant's Signature

*I accept responsibility that the information on this application is complete and accurate. I understand that falsification or omission of information could result in disqualification. My signature below certifies that during my enrollment in a study abroad program, I understand that I am still responsible for meeting all applicable deadlines at my home institution, i.e., financial aid, tuition payment, graduation, etc.*

**X**

Signature of Applicant

Date

## **YOU ARE NOT FINISHED!**

Application check list. **All** parts of this application must be completed. The following must be submitted with this form:

- Recommendation from the Dean of Students
- Recommendation from an advisor/professor
- For Spain program, recommendation from your most recent Spanish instructor
- Statement of purpose
- Official Springfield College transcript
- Receipt from Business of payment of \$500 non-refundable deposit

## **DEADLINES**

**October 1 for spring semester programs**

**April 1 for fall semester programs**

**Additional information will be required upon acceptance.**