

JOHNS HOPKINS U N I V E R S I T Y

Study Abroad Application

Fall/Full-Year 2008-2009

Program Information: List your desired program and/or country in order of preference:

- | | | |
|----------|------------------------------------|---------------------------------|
| 1. _____ | <input type="checkbox"/> Fall 2008 | <input type="checkbox"/> FY2008 |
| 2. _____ | <input type="checkbox"/> Fall 2008 | <input type="checkbox"/> FY2008 |
| 3. _____ | <input type="checkbox"/> Fall 2008 | <input type="checkbox"/> FY2008 |

Name _____ ID # _____

Local Address _____ Email _____

Local Phone _____ Cell Phone _____

Major/Minor _____ JHU School _____

Expected Date of Graduation _____ Cumulative GPA _____

Date of Birth _____ Sex (Circle One) M F

Are you a transfer student? Yes No If yes, how many transfer credits did you receive? _____

Passport Information

Passport Number _____ Expiration _____

Country of Citizenship _____

Will you be traveling on a U.S. Passport? (Circle one) Yes No

If no, indicate country of issue and passport number _____

Emergency Contact Information (Parent or Guardian)

Name _____ Relationship _____

Address _____ Email _____

Home Phone _____ Cell Phone _____

What is the best way to reach your Emergency Contact? _____

Have you taken language courses at Hopkins? Yes No

If yes, what language(s)? 1 _____ 2 _____ 3 _____

What is your level of written proficiency? Advanced Intermediate Beginning

What is your level of oral proficiency? Advanced Intermediate Beginning

Please complete the Study Abroad Course Approval Form and submit it to the Office of Study Abroad to complete your Hopkins application.

Please review and acknowledge by signature the following policies and procedures:

Approval for study abroad is contingent upon maintaining good academic and disciplinary standing at Johns Hopkins University. To be eligible for study abroad, you must have a term GPA of 3.0 at the time of application. Should your academic or disciplinary status change prior to departure, please contact the Office of Study Abroad immediately.

To ensure that I meet these requirements, the Office of Study Abroad will review my academic record and request a review of my disciplinary record through the Office of Student Affairs.

I am responsible for sharing policies regarding enrollment, registration, cost, billing and credit with my parent or guardian.

Name (Signature)

Date