

Pennsylvania College of Technology

STUDY ABROAD APPLICATION FORM

Today's Date: _____

Year You Wish to Study Abroad: _____

Semester: Fall Spring Summer

Program you are applying for: _____

PERSONAL INFORMATION

Name _____ Student ID _____
Last First

Local Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Local phone (____) _____ Home phone (____) _____

E-mail Address _____ Best way to reach you _____

Major _____ Faculty Adviser _____

Gender: M F Age _____ Birth date (mm/dd/yy) _____

Do you hold a passport? _____ Citizenship: U.S. Other _____

Class: First year Second year Third year Final year
GPA _____

Language(s) Studied _____

Have you traveled or studied abroad before? Where? How long? _____

We need your permission to release your grades to the committee. We assure you that the material will be held confidentially.

I, the undersigned, do hereby authorize and consent to release the records housed in the Office of the Registrar.

Signature

Date