

STUDY ABROAD PROGRAM IN FLORENCE, ITALY

May 12 – June 10 (Dates subject to change slightly)

COST: \$4700

Application Form

Directions: Complete all blanks, sign the form, and give it to the program administrator along with 1 passport-sized photo. Payments should be made online at <http://www.valdosta.edu/cip/VSUGroupStudyAbroadPrograms.shtml>

A. Personal Information

Name _____
Last Name First Name Middle Name

Current Mailing Address _____
Apartment and/or street number city state zip code

Permanent Address _____
Apartment and/or street number city state zip code
(mailings will be sent to this address after May 1, 2010)

Phone Numbers _____ email _____
area code + current # area code + permanent #

Age _____ Birthdate ____/____/____ Student Number : _____ or SSN if transient _____
Month/Day/Year

Male _____ Female _____

Medical Information: (list chronic conditions, allergies or other special health concerns and all prescription medications that you need)

Emergency Contact: _____ () _____
Name (Relationship) Phone Number
Street Number City State Zip Code

B. Passport Information

Country of Citizenship _____ I am applying for a passport _____

I have a current passport: _____
Number Place of Issue Date of Issue Expiration Date

Name exactly as printed in passport: _____

C. Academic Information

College/university currently attending _____

Classification _____ GPA _____ (a minimum of 2.0 is required)
(Fr, Soph, Jr, Sr, Graduate)

Major or area of academic interest _____

Do you have a HOPE grant to attend college in Georgia? _____ yes _____ no

