

Study Abroad Programs Application (SAPA)

• Please submit a copy of your passport personal information page along with this form.

• A \$50 study abroad application fee will be added to your account.

Program for which you are applying:

| Destination | Professor | Term(s) |
|---|---|---------------------|
| ERSONAL DATA | | |
| Name: | Last | |
| Date of Birth: | Gender: 🗅 Male 🗅 Female Student ID |)#: |
| Tuition Status: 🗅 Resident 🛛 No | on-Resident Expected Graduation Date: | (month/year) |
| Current Local Address and Phone | 2 | |
| Street Address | City, State, Zip | Phone |
| | | |
| UAFS Email Address | | |
| | | |
| UAFS Email Address | | Phone |
| UAFS Email Address Permanent Home Address and Pl Street Address | hone City, State, Zip | Phone |
| UAFS Email Address Permanent Home Address and Pl Street Address Parent/Guardian/Primary Support | hone City, State, Zip | |
| UAFS Email Address Permanent Home Address and Pl Street Address Parent/Guardian/Primary Support | city, State, Zip rt Person Information (if applicable) | |
| UAFS Email Address Permanent Home Address and Pl Street Address Parent/Guardian/Primary Suppor | city, State, Zip rt Person Information (if applicable) | |
| UAFS Email Address Permanent Home Address and Pl Street Address Parent/Guardian/Primary Suppor Name(s): Address and Phone Same as | city, State, Zip rt Person Information (if applicable) | elationship to you: |
| UAFS Email Address Permanent Home Address and Pl Street Address Parent/Guardian/Primary Suppor Name(s): Address and Phone Same as Street Address | city, State, Zip rt Person Information (if applicable) Re aboveCity, State, Zip | elationship to you: |

PASSPORT INFORMATION

| Do you | ı have a Passport | ? | |
|-------------------------------|---|--|---|
| 🛛 Yes | Number | City Issued | Expiration Date |
| 🛛 No | | ne process immediately as it may take two to ne for the departure date.) | three months. You are responsible for obtaining you |
| CADE | MIC DATA | | |
| College | e: | | |
| Major(| s): | Mi | nor(s): |
| | | | |
| REVIC | ative GPA: DUS TRAVEL list any previous i | - | ophomore 🗖 Junior 🗖 Senior 🗖 Graduate |
| REVIC Please | OUS TRAVEL | - | |
| REVIC Please | DUS TRAVEL list any previous i | nternational travel experiences you have had | Purpose of Visit |
| REVIC Please | US TRAVEL list any previous i | nternational travel experiences you have hac | |
| REVIC Please I Co | DUS TRAVEL list any previous i | nternational travel experiences you have had | Purpose of Visit |
| REVIC Please I Co Co | DUS TRAVEL list any previous i puntry | nternational travel experiences you have had Duration of Stay Duration of Stay | Purpose of Visit Purpose of Visit |

STUDENT CERTIFICATION/SIGNATURE

I certify that the preceding statements are true and accurate to the best of my knowledge. I hereby give my approval to have the information in my university records made available to the Office of International Relations and cooperating departments at UAFS.

Signature

Date

Return your completed application and waiver along with a copy of your passport to International@uafs.edu or the Office of International Relations (Smith-Pendergraft Campus Center 122). A \$50 study abroad application fee will be added to your account.