

Macon State College
Application for Summer Study Abroad Program

Name: _____ Student ID Number: _____

Address: _____

Telephone: _____ MSC E-mail: _____

Major: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Telephone: _____ E-mail: _____

Have you traveled abroad before? _____ Yes _____ No

If yes, what was the purpose of the trip? _____ Study _____ Vacation

How long was your stay abroad? _____

Is there any reason or concern that might prevent you from fully enjoying a study abroad experience? _____ Yes _____ No

If yes, please explain on the back of this sheet.

Location of Study Abroad Program: _____

A.M. Course Selection 1st choice: _____

MSC Course Equivalent (if any): _____

A.M. Course Selection Alternate: _____

MSC Course Equivalent (if any): _____

P.M. Course Selection 1st choice: _____

MSC Course Equivalent (if any): _____

P.M. Course Selection (Alternate): _____

MSC Course Equivalent (if any): _____

I understand that submitting an application to Macon State College for the Summer Study Abroad Program does not guarantee acceptance into the program, that candidates must meet program requirements, and that participation is subject to availability. I also understand that submission of my signed application allows coordinators of the Study Abroad Program at Macon State College to review my application and my records on file at the institution. If my application for Study Abroad is approved, I further understand that I am responsible for abiding by the Macon State College Code of Conduct while I am participating in a Study Abroad Program.

Signature: _____ Date: _____