



Faculty-Led Group Study Abroad Application Form

Kansas State University • Study Abroad Program
304 Fairchild Hall • Manhattan, KS 66506
Phone (785) 532-5990 • Fax (785) 532-6550
oip@ksu.edu • <http://www.k-state.edu/studyabroad>

Program Information

Name of program: _____
Name of faculty leader: _____
Country where program will be held: _____

Term/Year

- Spring Break
Interession
 Winter Break
Interession
 Summer

Personal Data

Name: _____
Last First Middle
K-State Student ID: _____
Are you a resident of Kansas? Yes No If no, please list your state of residence: _____
Date of birth: ____/____/____ Place of birth: _____ Citizenship: _____
month / day / year city, state, country
Have you traveled or lived abroad before? If yes, please explain: _____

- Male
 Female

Academic Data

K-State student Non-K-State student: _____ Other: _____
Institution where you are currently enrolled Please explain
Current status: Fr So Jr 4th Sr 5th Sr Grad Other: _____
Credit hours completed: _____ (by start of program)
Field(s) of study: _____
major secondary major/minor
Languages studied and number of semesters of training: _____
Academic advisor: _____ GPA: _____ as of ____/____/____ Anticipated graduation date: ____/____/____
month / year month / year
Have you ever been involved in any legal or disciplinary action while attending K-State? Yes No
If yes, please explain on a separate sheet of paper.

Contact Information

Current Address (Valid until ____/____/____) **Permanent address** (Where mail always reaches you)
Address: _____ Address: _____
Local Telephone _____ K-State E-mail: _____
Cell Phone : _____ All notices regarding the program will be sent to your K-State e-mail address
Permanent Telephone: _____ Secondary E-Mail: _____

Emergency Contact Information

Name: _____ Relationship to you: _____ E-Mail : _____
Address: _____ Home Phone: _____
Business Phone: _____ Cell Phone: _____
Does your emergency contact have a valid passport? _____

