



*Washington State Community College Consortium for Study Abroad  
Program Application*

**Program Site, Year and Quarter** \_\_\_\_\_

**Personal Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\*Print name as it appears in your passport

Passport # \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_\_ SID # \_\_\_\_\_

\*Must be age 18 on or before the date of departure for the program.

E-Mail Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

**Education**

College Attendance:

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Field of Study: \_\_\_\_\_ Cumulative GPA (2.65 or higher required) \_\_\_\_\_

Have you completed at least two quarters of full time college study?  Yes  No

*Please continue on other side....*

Parent(s)/ Spouse or other Local Emergency Contact

Name(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

E-mail \_\_\_\_\_

**Please attach the following to this application:**

- Unofficial copy of most recent college transcript
- Essay: On another sheet, please describe the reasons you would like to study abroad, what you hope to accomplish while studying abroad, and how you hope to incorporate the experience into academic or career plans. (1 page)
- Faculty Recommendation Form completed by a SCC faculty member.

**Please read and sign the following:**

*“I agree to attend a mandatory advising session with my campus study abroad advisor and will contact the Study Abroad Office to arrange for an appointment. I also agree to attend the mandatory pre-departure Orientation if I am admitted to this study abroad program. I understand that I am personally responsible for meeting all required deadlines and payment obligations or I risk being penalized. I understand that I am applying for a full-time academic college program, and will be expected to participate in and complete all required coursework including regular classroom attendance and participation in academic activities. I further certify that I am in good academic standing at my home institution, and that I am not subject to any action at law or facing any pending legal action that would preclude me from departing or re-entering the USA.  
The information I have provided in this application is true and accurate and subject to verification.”*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your application to Pollie McCloskey, International Programs, PUB 9303



# SHORELINE COMMUNITY COLLEGE international programs

## Faculty Recommendation Form for Study Abroad Participants

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. What was this student's attendance while in your class(es)?
2. Describe this student's communication style.
3. Describe this student's participation in your class(es).
4. Living and studying in an unfamiliar country and culture can be very stressful. Based on your observations of this student, do you have any concerns about this student's ability to adapt to a new environment? Please explain.

Other comments:

**\*Please send completed form directly to Pollie McCloskey, Intl. Prog., PUB 9303.**

