

MARIAN UNIVERSITY

Indianapolis®

Study Abroad

INTEREST FORM – STUDY ABROAD

If you are ready to explore a study abroad opportunity, complete this Interest Form and return it to
Director of Study Abroad, CH 020 A

Student Name (last, first) _____ Student ID _____

Campus Address (if applicable) _____ Phone/cell # _____

E-mail _____ Today's date _____

Home address (street) _____

(city, state, zip) _____

Class Information

Current Class Standing first-year sophomore junior senior

GPA _____

Expected date of graduation May August December Year _____

Major field(s) of study _____

Minor _____

Academic Advisor _____

Your Plan for or Interest in Study Abroad

When and how long? Full Year Fall Spring Summer Year _____

Country or region of interest _____

Previous Foreign Language study: which languages and when

Have you had a travel or global learning experience? Yes No

If yes, when and where? _____

Do you have a passport? Yes No Date of expiration _____

Are you currently eligible to receive financial aid? Yes No

For office use

Review of program providers: AIFS API AHA BCA CCIS CIEE IES IFSA other _____

Planning progress:

Date	Status
_____	_____
_____	_____
_____	_____