

# DU Study Abroad Application Form

## Application Category

- Applying for a DU program as a Cherrington Global Scholar
- Applying for a DU program and petitioning for exception to CGS eligibility requirements
- Applying for a DU program, but **not** as a Cherrington Scholar
- Applying for a non-DU fall, winter, or spring program (complete and attach the *Application for Permission to Participate in a Non-DU Study Abroad Program*. Cherrington is not applicable to Non-DU Programs)
- Applying for a non-DU summer or short-term program (the supplemental application for Non-DU participation is **not** required for summer and short-term programs)

## Permanent Contact Information

DU Student ID \_\_\_\_\_

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

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_

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

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

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

## Current Campus Information

Campus Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

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

Campus Address valid until \_\_\_\_\_

Standing when abroad

Fr.  So.  Jr.  Sr.  Grad.

Major 1 \_\_\_\_\_ Major 2 \_\_\_\_\_

Minor 1 \_\_\_\_\_ Minor 2 \_\_\_\_\_

DU Cumulative GPA \_\_\_\_\_

## Program Information

Study Abroad Program \_\_\_\_\_

Host University (if applicable) \_\_\_\_\_

City, Country of Program \_\_\_\_\_

Term of Study

Fall 20 \_\_\_\_\_  Winter 20 \_\_\_\_\_

Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

Length of Program

Quarter  Semester  Year  Short term

## Personal Information

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Gender  Male  Female

Ethnicity (optional) \_\_\_\_\_

Citizenship  U.S. Citizen  Non-U.S. Citizen  
 Permanent Resident

Native Language \_\_\_\_\_

Passport # \_\_\_\_\_ Country \_\_\_\_\_

Expiration Date \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_

Eve. Phone (\_\_\_\_\_) \_\_\_\_\_

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

**Academic Advisor Signature:** I have discussed study abroad with this applicant and approve his/her program choice:

Signature \_\_\_\_\_

Print name \_\_\_\_\_

*Your study abroad plans will be shared with other DU departments and overseas partners and universities.*