



The Citadel

Office of International Studies

Citadel Sponsored Programs Application

GENERAL INFORMATION

Name: _____ SSN: ____/____/____ DOB: ____/____/____
month day year

Phone: () _____ EMAIL: _____ MSC: _____ CIT# _____ - _____

Current Address: _____
street address city state zip

Person to contact in case of emergency:

Name: _____ Relationship to you: _____

Address: _____
street address city state zip

Home Phone: () _____ Daytime Phone: () _____

ACADEMIC INFORMATION

Major: _____ Minor: _____

Cumulative GPA: _____ GPA in Major: _____

Classification during proposed study abroad program: Freshman Sophomore Junior Senior Graduate Student

If applying from a college or university other than The Citadel please provide the name of the institution:

If you are a student from another institution seeking credit for participation in a Citadel program, you will be required to do the following:

- Provide a copy of the course approval form you have completed for your home institution
- Register for summer/maymester classes in The College of Graduate and Professional Studies (located in BOND Hall)

STUDY ABROAD INFORMATION

Maymester Summer

Citadel Program: _____ Dates of Program: _____
from to

Completed Program Prerequisites: _____ Grade: _____ Grade: _____
 _____ Grade: _____ Grade: _____

List the Citadel summer/maymester language courses you will receive credit for while studying abroad. _____

Eligibility Verification Release (for Citadel students only): For the purpose of verifying my eligibility to participate in a study abroad program, I agree to allow the program administrators to review my academic and conduct records at The Citadel. By signing this release, I grant approval for this review.

Student's Signature _____ **Date** _____

For office use only:

Program Advisor's Signature _____ **Date** _____

Dean's Signature _____ **Date** _____