

McKendree University
Application for Study Abroad
Please print legibly.

Student Information

First _____ Middle _____ Last _____

Permanent Address _____

City _____ State _____ Zip _____

Current Address _____

City _____ State _____ Zip _____

Cell phone () _____ Home Telephone () _____

McKendree e-mail address _____

Other e-mail address _____

GPA at end of fall semester [must be at least 2.75] _____ Year in University _____

Number of academic hours completed [must be at least 45] _____

Major: _____ Minor: _____

Name of Academic Advisor _____ Telephone Number _____

I wish to participate in the following program:

_____ The fall _____ semester only _____ The spring _____ semester only

_____ The entire _____ school year

Parent Information

If your parents live separately, give addresses for both. Indicate an e-mail address for each parent.

Father's Name _____

Street _____

City _____ State _____ Zip _____

Home Telephone () _____ Business Telephone () _____

e-mail _____

Mother's Name _____

Street _____

City _____ State _____ Zip _____

Home Telephone () _____ Business Telephone () _____

e-mail _____