



**MIAMI DADE COLLEGE
OFFICE OF INTERNATIONAL EDUCATION
STUDY ABROAD PROGRAMS**

Your application packet consists of the following:

- ❖ 3-page application
- ❖ Student Mobility Audit accompanied by a copy of your passport
- ❖ One letter of recommendation, from a professor
- ❖ Personal statement/letter of interest on why you would like to participate in the program (200-300 words max.)
- ❖ Degree audit or MDC transcripts
- ❖ \$150 non-refundable deposit

STUDY ABROAD INFORMATION

Name of program to which you are applying/going:

Country _____ City _____

Term/Year of Study:

(Circle the one that best applies to your program and write down the year)

FALL _____ SPRING _____ SUMMER (A, B, C) _____

PERSONAL INFORMATION

Name:

Last First Middle

Student ID Number: _____ Date of birth: ____/____/____

Current citizenship: _____ Passport # _____

Gender (check one): Male _____ Female _____

Current Mailing Address (Valid until ____/____/____):

Number and street Apt. #

City State Zip code

Telephone number: (____) _____ E-mail: _____

Permanent Mailing Address (Valid until ____/____/____):

Number and street Apt. #

City State Zip code

Emergency Contact Information

Name:

Last First Relationship

Number and street Apt. #

City State Zip code

Telephone number: (____) _____ E-mail: _____

ACADEMIC INFORMATION

Major: _____ Minor: _____

Current Academic Status: Freshman ___ Sophomore ___ Other ___

College/University you are currently enrolled in:

Current G.P.A.: _____ Are you an Honors College student?: _____

FINANCIAL AID

Will you be applying for financial aid?: _____

Have you filled out your FAFSA form for this school year? _____

Have you spoken to your financial aid advisor about your participation in the study abroad program? _____

If you are attending a summer program, have you applied for Summer financial aid?

COURSE (S): (Write down the course(s) you plan on taking):

ROOM AND BOARD: ALL ROOMS ARE NON-SMOKING ROOMS

Individual room (may not be available for all Locations)

Roommate (s) Requested: _____
(Name #1) (Name #2)

Are you a smoker? _____ If not, would you mind a smoking roommate? _____

Are you a vegetarian? _____

If so, to what extent? _____

Are you allergic to any foods? _____

If so, which foods? _____

COMMENTS(S):

Please write down any information that you feel we need to know in order to make your study abroad experience an easier transition (i.e. learning disabilities, special food needs, allergies, etc.).

I, the undersigned, acknowledge that I have read the MDC Application for study abroad and that all statements are correct to the best of my knowledge. In addition, I, the applicant, authorize the release of my transcript(s) and recommendations to the academic institutions involved in the study abroad program for which I have applied.

Applicant's Signature	Date	Parent/Guardian's Signature	Date
		(Required if applicant is under 18)	

Check here if you do not wish to have your name and email released to other study abroad participants.