

Office of International Education, 300 NE 2nd Avenue, Suite 1450, Miami, FL 33132 Email: efernan1@mdc.edu
Phone: (305) 237-3008 Fax: (305) 237-7439 www.mdc.edu/mdcglobal

MIAMI DADE COLLEGE OFFICE OF INTERNATIONAL EDUCATION STUDY ABROAD PROGRAMS

Your application packet consists of the following: L 3-page application L Student Mobility Audit accompanied by a copy of your passport L One letter of recommendation, from a professor L Personal statement/letter of interest on why you would like to participate in the program (200-300 words max.) L Degree audit or MDC transcripts L \$500 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. #

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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? _____

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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.