Study Abroad Application

SOUTH SUBURBAN COLLEGE

Revised 09/04/25

SSC International Studies • 15800 S. State St. South Holland, IL 60473 • (708) 596-2000, ext. 2574

For Admission to (rank in order of preference) (___ Austria ____ Costa Rica ____ France ____Ghana)

Personal Information:

Student's Name _____ Student ID # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Date of Birth _____ Gender: Male ○ Female ○ Other _____

Citizenship _____ Passport # _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Academic Information: Present Class Standing

Full time: ○ Part time: ○

Major _____ GPA _____

Do you have any special needs which we need to be aware of in order to accommodate your academic program?

Yes: ○ Please specify _____ No: ○

Student's Signature _____ Date _____

Please return this form to _____

For Official use only:

Country to be visited _____ Duration of visit _____

International/Intercultural Studies Committee Rep. _____ Date _____

Administrator _____ Date _____

South Suburban College / IISC Application for Scholarship

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For Admission to (rank in order of preference) (___ Austria ____ Costa Rica ____ France ____Ghana)

Personal Information:

Last Name _____ First Name _____ Middle Init. _____

Permanent Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Gender: Male ○ Female ○ Other_____

Date of Birth _____ Student ID Number _____

Citizenship _____ Passport # _____

Name of emergency contact _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Academic Information

Current College _____

Address _____ Date of Attendance _____

Previous College _____

Address _____ Date of Attendance _____

Previous College _____

Address _____ Date of Attendance _____

Present Class Standing: (Please Choose One)

- ○ H.S Graduate
- ○ Sophomore
- ○ Senior
- ○ Freshman
- ○ Junior
- ○ College Graduate

Major _____ Minor _____ GPA _____

Medical Information:

Have you had, or do you currently have any significant medical conditions requiring supervision or treatment? If yes, please explain on a separate sheet.

(Example: motion sickness, respiratory ailments, altitude sickness, heart problem, diabetes mellitus)

- ○ Yes
- ○ No

Have you had, or are you currently receiving counseling for the treatment of emotional disorders, drug addiction, alcohol-related problems, eating disorders, or other psychiatric conditions? If yes, please explain on a separate sheet.

- ○ Yes
- ○ No

	Please Choose	Explain if necessary
Have you been hospitalized in the past year?	Yes ○ No ○	
Do you have any allergies? (Food, insects, drugs)	Yes ○ No ○	
Do you have any physical handicaps?	Yes ○ No ○	
Do you have any dietary restrictions?	Yes ○ No ○	
Do you smoke?	Yes ○ No ○	

Please indicate any prescription medication that you must continue to take while overseas. _____

Name of Medical Insurance Co. _____ Policy # _____

Address _____ Claims Phone # _____

It is imperative that you have insurance which covers you abroad.

My insurance covers me abroad:

- ○ Yes
- ○ No

Additional Information:

Have you ever been on disciplinary probation?

- ○ Yes
- ○ No

If Yes, please explain _____

How did you hear about the Study Abroad Program? _____

References

Please list the names of 3 individuals to whom you will give the recommendation forms. They must be professional acquaintances (not relatives) who have known you for at least one year and have observed your relationship with others. (Students must request one recommendation from a recent teacher)

Name _____ Phone # _____

Relationship to you _____ City _____ State ___ Zip _____

Name _____ Phone # _____

Relationship to you _____ City _____ State ___ Zip _____

Name _____ Phone # _____

Relationship to you _____ City _____ State ___ Zip _____

Signature:

To the best of my knowledge the information contained in this application is accurate and complete.

Applicant's signature: _____ Date _____

I have reviewed this application and recommended this student to your program. The student complies with ICISP requirements.

IISC Representative _____ Phone # _____ Date _____