



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 _____



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
- Freshman
- Sophomore
- Junior
- Senior
- 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 <input type="radio"/> No <input type="radio"/>	
Do you have any allergies? (Food, insects, drugs)	Yes <input type="radio"/> No <input type="radio"/>	
Do you have any physical handicaps?	Yes <input type="radio"/> No <input type="radio"/>	
Do you have any dietary restrictions?	Yes <input type="radio"/> No <input type="radio"/>	
Do you smoke?	Yes <input type="radio"/> No <input type="radio"/>	

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 _____

Essay

Please write a 1 - 2 page typed essay explaining why you wish to be considered for this scholarship. Why will this program relate to your personal and career goals? What are your expectations and your likes, dislikes, and anything else we should know?

Signature:

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

Applicant's signature: _____ Date _____

Mail/Email Applications to:

Sangeeta Kumar

SSC International Studies 15800 S. State St.

South Holland, IL. 60473 Email: skumar@ssc.edu

Phone: (708) 596-2000 ext. 2574

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

IISC Representative _____ Phone # _____ Date _____