

Centenary University Study Away Application

SECTION 1: PERSONAL INFORMATION

Name (please print):				
First	Middle	Last		
Date of birth (Month/Day/Year):				
Country of Birth:				
Place of Birth:				
Country of Citizenship:				
Passport Number:				
Country of Issue:				
Expiration Date:				
Home Address:				
Primary Phone:				
Email address:				
SECTION 2: PARENT/GUARDIAN INFORMATION				
Father's Name	Mother's Name:			
Address:				
Primary Phone Number ()	Primary Phone Number ()		
Email Address:	Email Address:			
Do Not Contact	Do Not Contact			
Who should be notified in case of an emergency?	Father Mother	Other		
Please complete the following if you checked "Other				
Name				
Address				
Primary Phone Number ()				
SECTION 3: ENROLLMENT INFORMATION				
When do you plan to study abroad? Fall 20	Spring 20			
Current Year:Sophomore	JuniorSeni	or		
What is your major?				
Academic Advisor's Name				
Are you currently on academic or disciplinary probati	Are you currently on academic or disciplinary probation? No Yes			
(If yes, please state why below)				

Is there anything in your background that would prohibit yo	u from being a positive ambassador for Centenary
University?NoYes	
Have you ever been arrested?NoYes	
Have you ever been convicted of a crime?No	Yes
Have you ever been subjected to disciplinary action at any c	ollege/university?NoYes
Proposed College/University of study:	in
	(country)
Proposed Program of study:	
Please complete the attached Credit Transfer Form with yo	our advisor.
Credits expected to earn:	
SECTION 4: SPECIAL NEEDS INFORMATION	
Please complete this section. This information will be kept c make arrangements that will best serve you. It does not affe to any of these questions, please attach a separate page des	ect your eligibility for admission. If you answer "yes"
Are you currently under medical treatment for any reason Are you currently under the care of a professional for a psyo YesNo	
Do you have allergies, dietary restrictions, or physical or lea Yes No	rning disabilities of which we should be aware?
SECTION 5: FINANCIAL AID STATEMENT	
If accepted, I agree to participate in the Study Away Program University. I understand that I am obligated to pay Centenal program. I understand that cultural differences are inherent mature enough to handle the challenges I will face. I have b Loan recipient and I do not return for the subsequent semes leaving school or my 6 month grace period will be affected. Study Away Program and, if accepted, I am making a committed obligations.	ry University tuition following acceptance into the to the Study Away program, and I believe I am een counseled by Financial Aid that if I am a Federal ster, I will go into repayment within 6 months of I realize that not all applicants are accepted into the
Student Signature	Date:
Student Name (Please Print)	
Academic Advisor's Signature	
I approve this applicant for a study abroad semester.	
Signature of Academic Advisor:	Date:
Academic Advisor Name (Please Print):	