



BATTLEFIELD TRIP TO FRANCE

March 5-14, 2010

Please hand in this application with a copy of your passport, 1 passport size photo, and a \$200 deposit by December 1, 2009 to UC 415.

Personal Contact Information

Name _____
(last) (first) (middle)

Please print name as it appears, or will appear, on your passport.

Your airline ticket will be issued in this name and the names on these two documents **MUST** be identical.

Current Address _____
(street & number) (city) (state) (zip code)

Permanent Address _____
(street & number) (city) (state) (zip code)

Phone _____ Email _____
(include area code) (Please check email regularly for important program updates.)

Cell Phone _____
(include area code)

Circle: Male Female Age _____ Date of Birth _____

Please notify Office of Education Abroad (859-572-6194/University Center 415) immediately of any changes to your personal contact information.

Emergency Contact

Name _____ Relationship _____

Address _____
(street & number) (city) (state) (zip code)

Phone _____ Email _____
(include area code) (Please provide email address which is checked regularly.)

Cell Phone _____
(include area code)

(OVER)

Academic Information

Major(s) _____ Minor(s) _____

Degree Seeking Student: YES NO

FR.____ SO.____ JR.____ SR.____ GRAD____ Other (please describe) _____

Are you enrolling in a credit bearing course(s) related to this program: YES NO

Course title(s) and number(s)_____

*S.S. # _____
(Needed for registration and refunds)

Student ID # _____

Accommodations

(Accommodations vary for each study abroad program. Please list your rooming preference below. Multi-bedded accommodations might be the only option as dictated by individual programs. OEA will attempt to accommodate all requests.)

_____ I prefer single accommodations (at an additional cost and if available).

_____ I prefer twin or multi-bedded accommodations.
(I prefer to room with the following individual _____)

Travel Information

Previous Experience Abroad _____

Foreign Language Skills _____

Fluency Level: (please circle) Beginner Intermediate Expert

Special Requirements

Dietary Requirements _____

Other _____

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