Study Abroad Pre-Planning Sheet

Name _	Date
lf you ar abroad.	en't sure about study abroad, this sheet will help you identify your goals for studying
appointn	omplete this sheet before meeting with the Study Abroad office. To schedule an nent, call 665-4248 or email kazih@trine.edu Bring this completed sheet with you to eduled appointment.
1.	Where do you want to study abroad? Why?
2.	When would you like to study abroad and for how long?
3.	What are your specific goals for study abroad?
4.	Have you discussed your study abroad plan and its effect on your academic plan with your academic advisor? What was his/her response?
5.	Have you discussed your study abroad plan with your parents? How did they respond?
6.	Are you interested in going abroad to study a language? Would you like to begin/continue instruction in a foreign language while taking some/all of your course work in English?

Study Abroad Application

Personal Information – Please print or type Name E-mail Campus/local address Campus/local phone Permanent address Permanent phone Date of birth Place of birth Country of citizenship **Academic Information** Major _____ Academic advisor _____ Total credits earned including this semester Number of semesters at Trine including this semester Current GPA __ Expected graduation date **Travel Information** Valid US passport? Yes/No Expiration date Countries visited **Study Abroad Information** Where (which country/city) do you want to study abroad? When (which semester/summer) do you want to study abroad? Courses to be taken abroad and corresponding Trine courses Date submitted: Signature of student: Signature of academic advisor: Signature of Director of Study Abroad: