Study Abroad Pre-Planning Sheet

Name ________________________________  Date ____________________

If you aren’t sure about study abroad, this sheet will help you identify your goals for studying abroad.

Please complete this sheet before meeting with the Study Abroad office. To schedule an appointment, call 665-4248 or email kazih@trine.edu Bring this completed sheet with you to your scheduled 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: ________________________________