

STUDY ABROAD INTENT FORM

OSUdance

Applicant contact information

Name: _____

CURRENT ADDRESS

Address: _____

City: _____

County: _____ ZIP Code: _____

PERMANENT ADDRESS

Address: _____

City: _____

County: _____ ZIP Code: _____

Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

City: _____

County: _____ ZIP Code: _____

Phone: _____

Email: _____

Proposed graduation date: _____ / _____ / _____

Current GPA _____

Credit hours currently earned
toward the major _____

Host institution: _____

- Accredited
 Non-accredited

Quarter(s) of proposed study abroad

- AUTUMN 20____
 AUTUMN including December 20____
 WINTER 20____
 SPRING 20____

Proposed dates of:

Arrival _____ / _____ / _____

Departure _____ / _____ / _____

Proposed courses:

Please attach a letter of intent signed by your advisor and submit to the Study Abroad Lead for consideration by the Undergraduate Studies Committee.