

**FULLERTON COLLEGE & CYPRESS COLLEGE
STUDY ABROAD APPLICATION**

Study Abroad Program for which you are applying:

**Madrid, Spain
Spring 2010**

_____ (\$450 deposit required – to be returned, if not selected)

Prerequisites: A minimum of 12 semester units must be completed prior to applying for Study Abroad. English 100 or equivalent must be completed by the semester prior to the Semester Abroad program with a grade “C” or better. A grade point average (GPA) of 2.5 is required at the time of application. Applicant must be 18 years of age prior to the start of the semester.

Correspondence Information:

1. Name:

_____ (First) (Middle Initial) (Last)

Student ID #: _____

(Circle One): Male Female (Circle One): Fullerton Cypress Other

2. Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Birth Date (Optional): _____

3. Permanent Address (e.g.; address of parent, guardian, or spouse)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

4. Will you be 18 years of age prior to the Study Abroad Semester? (Circle One): Yes No

5. E-mail address (***please print distinctly***): _____

6. College or school you are presently attending: _____

Medical Information:

We do not require a physician’s report as a condition of acceptance in the program, but we strongly recommend that you have medical and dental checkups before going abroad. If you have a specific physical and/or mental health problem of which we should be aware, you are required to inform the Program Coordinator in writing before departure so that your study abroad experience will be as safe and as comfortable as possible. We keep this information in the strictest of confidence and do not use it for admission purposes.

Please be aware that the stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Therefore, if you have a physical or psychological condition, it is important that you meet with your physician or counselor to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying off campus will help you to identify those resources that will and will not be available at your program site.

General Information:

Academic Status (*Circle One*): Freshman Sophomore Junior Graduate Other

Do you expect to be traveling on a U.S. passport? (*Circle One*): Yes No

If not, from which country? _____

Academic or prospective major: _____

Total number of college units completed to date: _____ Cumulative GPA: _____

Please list all colleges attended:

Have you taken English 100 or an equivalent? (*Circle One*): Yes No

Grade: _____ If your English 100 or equivalent requirement was taken at any college or university other than Fullerton College or Cypress College, **submit the “English 100 Verification” form, signed by Counseling**, (download from the Study Abroad Website – <http://studyabroad.fullcoll.edu>, under “Application Information, materials list”).

Please submit a copy of all transcripts with this application. (Unofficial transcripts are acceptable, including printouts from Webstar.)

Please provide the names and contact information for two academic references:

Name: _____ School: _____

Position: _____ Phone Number: _____

E-mail address: _____

Name: _____ School: _____

Position: _____ Phone Number: _____

E-mail address: _____

On a separate piece of paper, please describe **two** specific goals you would like to meet through your study abroad experience on this program, and explain how you will do this. Please **rank these goals** with the most important first. These two responses together should be approximately one page long (typed, double-spaced).

For our records, please tell us how you found out about this program:

Should I be accepted into this Study Abroad Program, I give the Study Abroad Program permission to include photos of me on their website and promotional materials.

(Circle One): Yes No

I have read and understand the above statements: *(Circle One)*: Yes No

I affirm that the information given in this application is true and correct to the best of my knowledge. I also give permission for NOCCCD to contact the above-noted references regarding my academic record.

(Date)

(Applicant Signature)