



# School of Professional and Continuing Studies

## Application for Summer Study Abroad Programs

Country/Program: \_\_\_\_\_ Year: \_\_\_\_\_

**Personal Information:**

**UR ID:** \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Address: \_\_\_\_\_

**If non-University of Richmond student, name of home institution:**

Major : \_\_\_\_\_ Minor: \_\_\_\_\_

Current class status  Freshman  Sophomore  Junior  Senior

How did you learn about the SSA program? \_\_\_\_\_

List language courses already taken and in which you are currently enrolled: *(Answer only if participating in Language Abroad Program)*

Indicate the courses you plan to take abroad:

Briefly explain your reasons for wishing to study abroad in the summer. What do you most want to accomplish during your stay?

Please list any travel, living, or study-abroad experience in a foreign country, including location, duration, and purpose of trip.



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Describe how you have prepared for going abroad by interacting with people whose backgrounds are different from your own. Examples of such preparation can be through academic or extra-curricular activities (including sports and other clubs), housing situations, or volunteer work where you were able to develop personal relationships. Give a specific example of how this preparation can help you integrate in a meaningful way with the local population when you are abroad. Please use an additional sheet of paper. Explanation should be typed and double spaced (no specific length required).

**Transcripts:**

Please have an official transcript mailed directly to address below.

**References:**

Please provide the names, addresses and telephone numbers for at least two people who have known you for more than one year, and willing to serve as general references for you (at least one of whom should be a professor, even if you have known the person for less than three years.)

1. Name: \_\_\_\_\_

Address: (street address) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: (street address) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please mail application packet and deposit to:  
 Cheryl Genovese  
 Summer Study Abroad Office  
 School of Professional and Continuing Studies  
 University of Richmond, VA 23173