

PCode:

Please type or Print

<b>Program</b>					
Name of Study Abroad Program					
Study Abroad Institution			Study Abroad Country		
UNL Academic Year and Term(s)					
20____ - 20____ <input type="checkbox"/> Spring Semester <input type="checkbox"/> Winterim <input type="checkbox"/> Fall Semester <input type="checkbox"/> Summer session					
<b>Personal Information</b>					
Name (last, first) <i>(please use your official name as it appears or will appear on your passport)</i>				UNL Student ID Number	
Preferred first name		Date of Birth (mo/day/yr)	Sex	Country of Citizenship	If not USA, Visa Status:
Current Street Address or Residence Hall & Room #		Until When:	Billing Address		
City		State	Zip	City	State    Zip
E-mail address		Local Phone		Cell Phone	
<b>Emergency Contact Information</b>					
Name			Relationship		
Street Address			Home Phone		
City		State	Zip	Country	Work Phone
<b>Academic Information</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>I am a currently enrolled University of Nebraska-Lincoln student. If not please list your home university.</i>					
Anticipated academic standing when program begins:				Expected Graduation Date	
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Teacher <input type="checkbox"/> Professional					
Major(s)			Minor	Cumulative GPA	
Focus area(s) of study in program abroad					
<b>Financial Information</b>					
At the beginning of the program will you be considered a Nebraska resident for tuition purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List sources of income that you plan to use to finance your study abroad program. Check all that apply.					
<input type="checkbox"/> Personal/Family <input type="checkbox"/> Regents <input type="checkbox"/> National Merit <input type="checkbox"/> Beadle, Leverton & Douglas <input type="checkbox"/> Other _____					
<input type="checkbox"/> Honors <input type="checkbox"/> David <input type="checkbox"/> Student Loans <input type="checkbox"/> Military Benefits    _____					

**Credit desired:**

What kind of credit do you want to receive from this program?

- Toward undergraduate degree
- Undergraduate credit needed in a graduate degree program
- Toward graduate degree (*needs approval of UNL Graduate Studies and graduate committee*)
- Toward teaching endorsement only

**References:**

If required as part of this application, from whom are you requesting references?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

**How did you hear about this program?**

I heard about this program from (check all that apply):

- Friend or relative who studied abroad  Academic Advisor  IA Website  Study Abroad Advisor  Study Abroad Fair
- Class announcement  Poster  Union Bulletin Board  New Student Orientation  Daily Nebraskan ad
- Professor \_\_\_\_\_  UNL College Bulletin or Schedule of Classes  Other \_\_\_\_\_

**Racial/ethnic background (optional):**

UNL does not discriminate in its academic, admissions or employment programs and abides by all federal regulations pertaining to same. (The furnishing of race/ethnic, sex, age and disability information is not an admission requirement. The data are used for statistical purposes only.)

- African-American/Black (non-Hispanic origin)  American Indian or Alaskan native  Asian or Pacific Islander  Hispanic
- White/Caucasian  Race/ethnicity unknown  Multiracial  Choose not to respond  Other

**Authorization Statement:**

I certify that the information on all parts of this application is correct and that any failure on my part to provide complete and accurate information releases the University of Nebraska-Lincoln from all claims and demands relating to such conditions. I am in good standing at my home institution, and agree to notify International Affairs if my status changes. I authorize the University of Nebraska-Lincoln to release my application and other records to program staff. I also authorize the University of Nebraska-Lincoln to forward an official record of coursework completed while participating in this program to my home institution named on this application. I understand that on becoming a participant in the program I will be subject to all rules, regulations, and requirements of the University of Nebraska-Lincoln, the host country, and the host institution. I authorize the release of my name, address and phone number to other participants in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return all application materials to:**

Office of International Affairs  
University of Nebraska-Lincoln  
420 University Terrace  
Lincoln, NE 68588-0682  
Email: iaffairs@unl.edu

Phone: 402 472-5358  
Fax: 402-472-5383  
www.unl.edu/iaffairs