



Study Abroad Application

OFFICE OF INTERNATIONAL SERVICES AND SERVICE LEARNING

(Please print)

STUDY ABROAD EXPERIENCE (COUNTRY): _____

ACADEMIC PROGRAM: _____ INSTRUCTOR: _____

NAME AS IT WOULD APPEAR ON PASSPORT (First, Middle, Last):

TODAY'S DATE: _____

NMC ID: _____ NMC EMAIL: _____

CELL PHONE #: (_____) _____ LOCAL PHONE #: (_____) _____

LOCAL ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

BIRTHDATE (MO/DAY/YR): _____ SEX: ☐ FEMALE ☐ MALE ☐ OTHER

ACADEMIC YEAR YOU PLAN TO PARTICIPATE: _____ YEAR _____

ACADEMIC ADVISOR: _____ CUM. GPA: _____ PROGRAM OF STUDY: _____

ARE YOU CURRENTLY ENROLLED IN AN INSTITUTION OTHER THAN NMC? ☐ YES ☐ NO

IF SO, LIST: _____

IF AVAILABLE, DO YOU PLAN ON USING SCHOLARSHIPS TOWARDS EXPENSES? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO DO YOU HAVE ANY CHARGES PENDING? ☐ YES ☐ NO

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

U.S. PASSPORT NUMBER AND EXPIRATION DATE: ☐ DO NOT HAVE ONE YET

#: _____ EXP DATE (MO/DAY/YR): _____

IF YOU ARE THE HOLDER OF A NON-U.S. PASSPORT, WHICH COUNTRY IS IT FROM? _____

EMERGENCY CONTACT NAME: _____ RELATION: _____

PHONE #: (_____) _____ ALTERNATE #: (_____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(Please continue to next page)

WHAT FOREIGN LANGUAGES HAVE YOU STUDIED AND FOR HOW LONG? (Please specify high school or college) _____

WHERE DID YOU FIRST HEAR ABOUT NMC STUDY ABROAD? _____

WHAT FOREIGN COUNTRIES HAVE YOU VISITED? _____

Northwestern Michigan College is committed to a policy of equal opportunity for all persons and does not unlawfully discriminate on the basis of race, color, national origin, religion, disability, genetic information, height, weight, marital status or veteran status in employment, educational programs and activities and admissions. Read more at nmc.edu/nondiscrimination. Michigan Law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing 182 days after the need is known. If you require accommodation for your study abroad program, please contact NMC Disability Support Services at 231-995-1929.

Your signature verifies the following:

1. I have completed at least 12 credits at Northwestern Michigan College with an overall GPA of 2.5 or higher by December 30 of the year prior to my departure.
2. I have completed the necessary prerequisites to enroll in this program.
3. I understand that study abroad programs require that applicants and participants are in good academic and disciplinary standing at the college.
4. I authorize NMC to bill my student account. I understand that all cancellations must be submitted in writing and meet any required deadlines.
5. I agree to and will abide by the NMC Student Code of Conduct (Student Rights and Responsibilities) located at www.nmc.edu/about/policies/board-staff/D-602.01.html and the mandatory Risk Management documents (forms S1-2) located at www.nmc.edu/student-services/international-services/study-abroad.html
6. I understand that one of students' rights under FERPA is that they may authorize the release of specified information from their educational record to a specified third party. If I wish to do this I will use the online form under NMC's website titled, "Authorization to Disclose Non-Directory Information to 3rd Party". While studying abroad, it is furthermore understood that, in case of emergency, the school may release such necessary and relevant information from my record as deemed necessary and appropriate to protect the integrity of my record and my personal well-being.
7. I authorize NMC to make public that I am studying off-campus. ☐Yes ☐No
8. I understand I should have all childhood and routine immunizations up to date and meet with my physician, the Travel Clinic or NMC Student Health Services for more country-specific information. I will follow recommendations on required vaccines specific to the area of travel prior to my departure in order to ensure my continued health.
9. I understand that NMC has the right to ensure a secure and positive learning environment for all who travel with NMC. Therefore, although most every student who has the desire and funding to travel will be accepted, there may be an occasion where to ensure the safety and success of a program, after review by the Study Abroad Review Committee, a student may not be eligible to participate.
10. **References:** Two signatures are required. One reference **MUST** be from an NMC faculty member. We recommend that the other be from an additional professor, teacher, advisor, work supervisor, religious leader, coach, extracurricular advisor, etc. References from family members and/or friends are **not** acceptable.

NMC Faculty Member Referral:

By signing this, I agree to serve as a reference for this student who is applying for the opportunity to be selected for a NMC Study Abroad experience:

SIGNATURE: _____ **Name:** _____ **Ph#** _____

Additional Reference:

SIGNATURE: _____ **Name:** _____ **Ph#** _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

After submission of this application, International Services & Service Learning will collect the following information:

SIGNATURE OF STUDY ABROAD FACULTY LEADER: _____ **DATE:** _____

THIS APPLICATION MUST BE COMPLETED AND RETURNED TO: INTERNATIONAL SERVICES AND SERVICE LEARNING, OSTERLIN BUILDING, SUITE 100

1701 E. FRONT STREET, TRAVERSE CITY, MI 49686 (231) 995-2527

