University of Massachusetts Dartmouth

MY STUDY ABROAD PLAN

Academic Advising Center

Study Abroad Program _____

_____

Name of Applicant: _____ Social Security #: _____

Permanent Address: _____ Home Telephone: _____
(Street)

_____ Email address: _____
(City) (State) (Zip Code) (while abroad)

Local Address: _____ Local Telephone: _____
(Street)

Are you a U. S. Citizen? _____

_____ Passport #: _____
(City) (State) (Zip Code)

Expiration Date: _____

CLASS OF _____ COLLEGE MAJOR _____Present GPA (Cumulative): _____

COLLEGE MINOR _____ EXPECTED DATE OF GRADUATION _____

Name and Address of Parent/Guardian: _____
(Name)

_____
(Street) (City) (State) (Zip Code)

Applicant's Signature _____

THE APPROVAL FOR YOUR PARTICIPATION BY THE DEPARTMENT CHAIR OF YOUR MAJOR MUST BE SECURED BEFORE THE APPLICATION WILL BE COMPLETE

_____ _____
DEPARTMENT CHAIR-APPROVAL INTERNATIONAL EDUCATION ADVISOR

THE GRADES YOU RECEIVE ABROAD WILL BE TRANSFERRED DIRECTLY TO YOUR TRANSCRIPT

A **PLAN OF STUDY** **B**

Course Title/Subject (Attach Course Description to Back)	Transfer As UMD Credit (Course Title and Credits)