

# AQUINAS COLLEGE

## Office of International Programs GENERAL APPLICATION FOR OFF-CAMPUS STUDY

Name: \_\_\_\_\_ Gender: **F** **M**  
Last First MI

Student ID # \_\_\_\_\_ Date of birth: \_\_\_\_\_  
mm/dd/yy

Current address: \_\_\_\_\_

Current address expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent address (if different): \_\_\_\_\_ Apt. \_\_\_\_\_  
Street

\_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
City State Zip Code

Student Classification: \_\_\_ Traditional \_\_\_ Continuing Education \_\_\_ Non-Traditional

Are you an international student? \_\_\_\_\_ Overall GPA: \_\_\_\_\_ Current Class (circle one): **FR SO JR SR**

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

What language(s) have you studied? \_\_\_\_\_  
Indicate whether H.S. and/or College and # of yrs/semesters for each language

Do you receive scholarships or financial aid?  No  Yes: (specify) \_\_\_\_\_

Which Program are you interested in? (note: supplemental program applications also required)

- Spain  Dominican Exchange (location: \_\_\_\_\_ semester: \_\_\_\_\_)  
 Japan (semester or year)  France  Costa Rica  Ireland  Germany  Italy

Are you registered with the Academic Achievement Center?

- Yes** (If yes, you are advised to discuss your plans to study abroad with Academic Achievement so you might increase your options abroad.)  
 **No**

Do you have a disability that will require accommodations while abroad?

- Yes** (If you do not disclose your disability and/or request accommodations until abroad, Aquinas College may not be able to assess and accommodate your needs.)  
 **No**

Are you registered with the Counseling Center?

- Yes** (If yes, by signing this form, you authorize the Director of International Programs to contact the Counseling Center regarding your application.)  
 **No**

*I authorize the release of this information to the Aquinas College Health Clinic, Aquinas College Counseling Center, Aquinas College Residence Life Office, Dean of Students Office, Campus Safety, Student Support Services and the Academic Achievement Center. I also understand that by signing this form, I waive my right to inspect any recommendation forms submitted for my application.*

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

### Each Applicant Must Submit:

- General Application for Off-Campus Study
- Supplemental Application
- Three Recommendations

### Submit to:

Director of International Programs, AB 20,  
Aquinas College, 1607 Robinson Road SE  
Grand Rapids, MI 49506