SAM FOX SCHOOL OF DESIGN & VISUAL ARTS

Study Abroad Application Form

Period of Intended Study Abroad: □ Summer □ Fall □ Spring □ Academic Year

Program Name (if applicable)

Personal Data

___________________________________________________       __ __ / __ __ / __ __ __ __
Last Name   First Name       Middle Name  Date of Birth

__________________________________________________________________________________________

Number and Street Address   City   State  Zip Code

__________________________________   ______________________ _____________________________
E-mail Address              Daytime Telephone Number  Cell Phone Number

Place of Birth (City / State)   Country of Citizenship

__________________________________  ____________________________________
Resident/Visa Status (non-U.S. citizens) Social Security Number

Gender: □ Male □ Female

__________________________________
WU Student ID

□ Black/Non-Hispanic Origin    □ American Indian or Alaskan □ Asian or Pacific Islander
□ Hispanic                      □ Non-Resident Alien □ White/Non-Hispanic
□ Multi-Racial/Check All That Apply □ No Response

Parental Data

_________________________________________ ________________________________________________
Mother’s Name     Father’s Name

_________________________________________ ________________________________________________
Address      Address

_________________________________________ ________________________________________________
Work Telephone   Work Telephone

_________________________________________ ________________________________________________
Home Telephone     Home Telephone

_________________________________________ ________________________________________________
E-mail Address     E-mail Address
**Educational Data**

WU students MUST confirm that WEBSTAC information (local address and telephone number) is correct and initial here ________________

College or School where enrolled at WU:  □ A&S  □ AR  □ FA  □ BU  □ EN  □ SW  □ Other

For Non-WU Students: Name of College or University you attend(ed)

__________________________________________________________________________

Major(s)  Minor(s)

__________________________________________________________________________

Academic Advisor

Overall GPA  Major GPA

Class Standing:  □ FR  □ SO  □ JR  □ SR  □ Graduate  □ Not Currently Attending

Do you have financial aid that you intend to use to study abroad?  Yes  □  No  □

Foreign Language Experience

References

1. ______________________________________________________________________

   Name  Title/Position  E-mail/Address

2. ______________________________________________________________________

   Name  Title/Position  E-mail/Address

I certify that I am currently in compliance with the University Student Judicial Code and Undergraduate Student Academic Integrity Policy, and that I have never been the subject of a disciplinary action under these policies or through Residential Life.

______________________________  __________________
Signature                  Date

Send to:
Whitney Wood, Coordinator of Special Programs
Sam Fox School of Design & Visual Arts
Washington University in St. Louis
Campus Box 1031, One Brookings Drive
St. Louis, MO 63130-4899
314.935.4643; 314.935.6462 (fax)
wwood@wustl.edu