

**STUDY ABROAD APPLICATION**

**NOTE: Submit Completed Application along with non-refundable deposit of \$\_\_\_\_\_ made out to Casper College by \_\_\_\_\_ (date) to \_\_\_\_\_. (Director's name)**

NAME OF TRIP AND DATE \_\_\_\_\_

Participant's name \_\_\_\_\_

Participant's contact information:

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Do you have a passport? Yes \_\_\_ No \_\_\_ If yes, what is the number? \_\_\_\_\_

Are you a full-time student at CC? Yes \_\_\_ No \_\_\_

If yes, what is your GPA \_\_\_\_\_?

Have you travelled abroad? Yes \_\_\_ No \_\_\_ If yes, where and why?