FACULTY-LED STUDY AWAY PROGRAM APPLICATION
SUMMER 2015

I. Please indicate the Study Abroad/Study Away Program:

☐ Spain  ☐ Rwanda  ☐ Hawai‘i
☐ Italy  ☐ Greece

II. Personal Information (Please print legibly and indicate your name as it appears or will appear on your passport):

Last Name  First Name  Middle Name

Date of Birth  Gender (M/F)  ID #

Country of Citizenship  Passport #

Ethnic background (optional):

☐ Black or African American  ☐ American Indian
☐ Asian/Pacific Islander  ☐ White/Non-Hispanic  ☐ Hispanic

Current Mailing Address (valid until _____/_____/______):

Street  Box/Apt. #

City  State/Country  Zip Code

Home Phone  Cell Phone  E-mail Address

Permanent Mailing Address (if different from above):

Street  Box/Apt. #
III. **Academic Information:** Please indicate the course(s) for which you will be registered.

Spain
- ☐ ARTS 295  OR  ☐ ARCH 295

Rwanda
- ☐ Service Learning (required)  AND/OR  ☐ PSYCH 106 (optional)

Italy
- ☐ MATH 131 Statistics

Hawai‘i
- ☐ ANTH 105  and/or  ☐ HIST 235

Greece
- ☐ ENGL 122  and/or  ☐ ENGL 235

Are you taking this course for Credit ______ Audit\(^1\) ________?

IV. **Prior travel experience:**
List any travel experience you have had outside the U.S.

\(^1\) Please note that this is an academic experience, not a vacation tour. Individuals opting to audit this course do not need to complete written assignments but must participate in all pre-departure orientation, lecture and in-country activities.

Brookdale International Education Center
765 Newman Springs Road, MAC 114
Lincroft, New Jersey 07738

Revised 9/2014
V. **Information Source:**
How did you first hear about this international study abroad program? Please specify reference source, if possible. This information assists future international recruitment efforts.

VI. **Participant Questions:**
So that we can ensure that this program will meet your academic and/or personal expectations, please answer the following questions:

1. Explain briefly why you are interested in participating in this study abroad program.

2. Explain or list any academic, professional and personal experiences that make you a suitable candidate for this program.

3. Explain or list any characteristics of your personality (such as mature, friendly, cooperative, open-minded, etc.) that you think will enable you to successfully represent Brookdale Community College in a foreign country and culture.

VII. **Financial aid information:**
Financial aid can be applied to study abroad programs. Please notify the International Education Center (IEC) immediately if you intend to apply for and use financial aid and loans for this program.

Please be aware that attendance at orientations and class sessions is required prior to departure for your program.

I, the undersigned, acknowledge that I have read the Brookdale Study Abroad/Study Away Application and that all statements are correct to the best of my knowledge.

Furthermore, I understand that it is my responsibility to ensure that the course I have selected will fulfill degree requirements.

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**Applicant’s Signature**
Brookdale International Education Center  
765 Newman Springs Road, MAC 114  
Lincroft, New Jersey 07738

**Date**

Revised 9/2014  
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Faculty-Led Program Study Abroad Checklist

The following materials are due at time of application:

- Study Abroad Application
- Deposit
- A Legible Copy of your Passport
- Program Risk and Release of Liability Form
- Confirmation and Statement of Payment and Refund Policies

The following materials will be due one month after final balance is due:

- Brookdale Admission Application and $25.00 application fee (if you are not a Brookdale student)
- Financial Aid Award Letter
- Brookdale Registration Form
- Medical Form
- Insurance Coverage Form
- Pledge of Acceptance
- Consent for Medical Records Information
- Unofficial copy of transcript
- Photo Release Form
- Photocopy of evidence of Yellow Fever Vaccine (Rwanda)