

# AQUINAS COLLEGE

*Office of International Programs*

**GENERAL APPLICATION FOR**

**OFF-CAMPUS STUDY**

**Which Program(s) are you interested in?**

Costa Rica (Spring)

France (Spring)

Germany – Freiburg (Year-long program)

Germany – Lüneburg (Spring)

Ireland (Spring)

Italy (Fall)

Japan (Fall)

Japan (Spring)

Spain (Fall)

England (Fall)

Dominican Exchange (Fall)

Dominican Exchange (Spring)

Short-term Study Abroad (Indicate class/country) \_\_\_\_\_

**If you selected Dominican Exchange, please specify location**

Barry University – Miami Shores, FL

Dominican University – San Rafael, CA

St. Thomas Aquinas College – Sparkill, NY

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender \_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Aquinas Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home or Local Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Campus or Current Address if Different

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Address Expires on \_\_\_\_\_

Student Classification

Are You an International Student?

Overall GPA \_\_\_\_\_

Current Class

\*Based on credits

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

**Which Language(s) have you studied?**

**Indicate College or H.S. and # of years/semesters of each semester**

**Do You Receive Scholarships or Financial Aid?**

**If you are receiving any scholarships or financial aid, please provide details here:**

**Are you registered with the Academic and Learning Services Center?**

**(If yes, you are advised to discuss your plans to study abroad with the Academic and Learning Services Center)**

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

**(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)**

**Are you registered with the Counseling Center?**

**(If yes, by signing this form, you authorize the Director of International Programs to contact the Counseling Center regarding your application and to discuss your candidacy)**

# Disclaimer and Signature

I authorize the release of this information to and permit discussion of my candidacy with the following offices: Aquinas College Health Center, Aquinas College Counseling Center, Aquinas College Residence Life Office, Dean of Students Office, Campus Safety, and Academic & Learning Services Center. I also understand that by signing this form, I waive my right to inspect any recommendation forms submitted for my application.

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

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

Please mail this form to [studyaway@aquinas.edu](mailto:studyaway@aquinas.edu) or mail it to the following address:

**Mother Victory Flannery Hall**

**International Programs**

**1905 Robinson Rd SE**

**Grand Rapids, MI 49506**