We are pleased you are interested in applying to study abroad through West Texas A&M University (WTAMU). This application is for students who currently attend WTAMU. Please read carefully and complete each part of this application form in full.

PERSONAL INFORMATION

☐ Yes

□ No

Name:		_Buff ID:					
Age:	Sex:	Ethnic	eity:				
Citizenship:	Date & Place of	of Birth:					
Local Address:							
Phone:	Email:		<u>@buffs.wtamu.edu</u>				
Permanent Address (If differen	nt than above):						
Are you a first generation stud	ent?	□ Yes	□ No				
STUDY ABROAD PROGRA	AM INFORMATION						
Program location:		_ Name of foreig	gn university:				
Term abroad:		_ Program dates	:				
Program Type (check one):							
☐ Faculty-led program	☐ Provider program	□ Rec	ciprocal program	☐ Internship			
If this is provider program, please indicate name of provider:							
ACADEMIC INFORMATION	ON						
Major:		Minor:					
College:		_ GPA:					
Classification:	n 🗆 Sophomore	☐ Junior	☐ Senior	☐ Graduate			
Expected graduation date:		_ Academic Adv	visor:				
FINANCIAL INFORMATIO	ON						
Do you plan to use financial aid? (Including loans, scholarships, and grants; does not include the International Education Fee Scholarship)							
☐ Yes	□ No						
If yes, have you filed a FAFSA	for the study abroad peri	iod with the Fina	ancial Aid Office?				

Financial Aid is disbursed according to the regular disbursement dates. All program costs must be paid prior to disbursement, unless your program allows for payment upon disbursement. (Check with our office)

All students participating in programs through the WTAMU Office of Study Abroad and Nationally Competitive Scholarships are required to establish an emergency contingency plan in case of unforeseen financial responsibilities, due to medical or unanticipated circumstances. Our office is not responsible for these costs, and cannot pay on behalf of a student in the event of an emergency.

The easiest way to prepare yourself for an unexpected expense is to obtain a credit card for emergency use before leaving the country. Other options for managing money overseas are provided in the our office's pre-departure orientation manual and may be discussed with our office before departure. Our office takes no responsibility for student financial management.

While our office ensures that all students carry international medical insurance, many foreign medical treatment centers will require payment before service & require the patient to follow up with the insurance company for reimbursement. Please refer to your policy for details. WTAMU program leaders cannot pay for student medical expenses.

IMPORTANT INFORMATION ABOUT INSURANCE

WTAMU enrolls students whose program providers do not provide travel medical insurance in CISI travel medical insurance. This policy generally covers medical emergencies. Students must be prepared to pay up front medical costs and collect documentation of treatment and receipts in order to be reimbursed.

We recommend all students obtain and carry a credit card for unexpected expenses due to emergencies.

DISCIPLINARY RECORDS AUTHORIZATION

By applying to a study abroad program with WTAMU, students authorize the Office of Study Abroad and Nationally Competitive Scholarships to conduct a background check on their disciplinary records. This information is obtained from the Office of Student Conduct and may be shared with faculty leaders and program directors as needed.

Student Signature & Date							
YOU WILL RECEIVE AN OFFICIAL T-SHIRT FROM THE OFFICE OF STUDY ABROAD AND NATIONALLY COMPETITIVE SCHOLARSHIPS PRIOR TO YOUR DEPARTURE. PLEASE INDICATE YOUR SIZE:							
\square S	\square M	\Box L	\square XL	□ 2XL			

Please submit form by dropping it off at CC115A or CC115B or email it to <u>studyabroad@wtamu.edu</u>.

Additionally, please save a copy for your records.