

Office of Global Education California State University San Marcos San Marcos, California 92096-0001 USA

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STUDY ABROAD APPLICATION JANUARY IN COSTA RICA 2017

Name:				Student ID#:	
Mailing	Last	First	Middle		
Address:					
	Street or P.O.		City	State	Zip Code
Date of Birth:		E-ma	ail:		
Major:		Class	Standing:		
Telephone Number	s (Include Area Code):	:			
Home:	/	-	Work:	/	-
Cell:	//		Work: Fax:	// /	
In case of emergence	ey, contact:				
Name:					
Address:					
	Street		City	Sta	te Zip
Telephone/	Email:		Relationshin:		
Passport Nationalit	y & Number:				
-	n:				
r assport Expiration	1				
Why are you intere	sted in participating in	this program?			
List/describe any tr	avel abroad experience	es you have had.			
Do you have any sp	ecial medical condition	is or needs that wi	ll affect participatio	on in this progra	$\mathbf{m}? \ \Box \ \mathbf{Yes} \ \Box \ \mathbf{N}$
If yes, please explai	n				
Student Signature		Sig	nature of Parent or G	uardian if student	is under 18
C C		U			
Date		Date	e		