ANTIOCH EDUCATION ABROAD
APPLICATION FORM

Program to which you are applying:

Brazilian Ecosystems (fall)	_____	Germany (full year)	_____	(KIIS) Morelia, Mexico (fall)	_____
Buddhist Studies in India (fall)	_____	Germany (sum/fall)	_____	(KIIS) Segovia, Spain (spr)	_____
Buddhist Studies in Japan (fall)	_____	Germany (win/spr)	_____	(KIIS) Montpellier, France (fall)	_____
Europe in Transition (spr)	_____	Antioch in Japan/KSU (sum)	_____	Mali, West Africa (fall)	_____
				Women's Studies in Europe (fall)	_____

Other: (Independent Program)_____
(Name of Program)

If you have selected "Other" (independent program): *Literature, including course descriptions of the program you have chosen, are to be submitted to AEA with your application. After completion of all application materials, approval by AEA will be determined. AEA will forward appropriate forms to the independent program officials.*

PERSONAL DATA [Notify Antioch Education Abroad of any address/phone changes immediately.]

Name: Mr./Ms. _____ Social Security No._____
Last First Middle

Applicant's Permanent Address _____
Street City State Zip

Permanent Phone (_____)_____ Gender (Circle one): Male Female

Antioch Co-op Address if student is off campus during the application process/acceptance period:

_____ Phone# (_____)_____
Street City State Zip

Student's **E-Mail** address: _____ only during school? _____ all year? _____

E-Mail address until? _____ _____ _____
Month Day Year

Birthdate _____ / _____ / _____ Birthplace _____ Citizenship _____
Month Day Year City, State, Country Country

Passport No. _____ Date of Issue _____ / ____ / ____ Place of Issue_____ Expir. _____ / _____ /_____
Month Day Year Month Day Year

Father's full name _____ Occupation _____ Citizenship _____

Father's Home Address _____
Phone

Father's Work Address _____
Phone

Mother's full name _____ Occupation _____ Citizenship _____

Mother's Home Address _____
Phone

Mother's Work Address _____
Phone

Student's Current Year in College _____

Major Field _____ Name of Academic Advisor _____

(turn over)

Please circle the appropriate number (This information is used for statistical purposes only):

1 Caucasian 2 Black 3 Asian American 4 Native American 5 Hispanic 6 Non-Resident, Non-Citizen

EMERGENCY INFORMATION

Parent, guardian or other person legally responsible for your finances and well-being:

Name Home Address & Phone Relationship to you

In the unlikely event that you are hospitalized or in an accident while abroad, whom do you want notified?

Name Home Address & Phone Relationship to you

Work Address (Company name, street, city, state) Work Phone Usual working hours

Please describe all special health needs: pre-existing conditions, physical restrictions, allergies, medications and medically resricted diet. (This information WILL NOT be used in determining your eligiblity for the program.)

Please check if applicable.

_____ I am currently receiving financial aid and will communicate directly with the Financial Aid office concerning my eligibility during my time abroad and on my return. I understand that all loans and grants must be signed prior to departure.

SUPPORTING MATERIALS REQUIRED:

Goals Statement and, if applicable, Women's Studies Questionnaire or the Mali, West Africa Program Questionnaire
Official Transcript
Copy of completed Degree Plan
Required Reference from Academic Advisor _____ (name)
Required Reference from Faculty _____ (name)
Registrar's Office
Student Accounts (Business Office) **(Forms are available in the AEA office)**

YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL SIGNED/SUPPORTING MATERIALS HAVE BEEN RECEIVED.

Required Student Signature Date PBX #