ANTIOCH EDUCATION ABROAD
Non-Antioch - APPLICATION FORM

Program to which you are applying: (USE A BLUE OR BLACK PEN – NO PENCILS PLEASE)

	Deadlines:		Deadlines:
Brazilian Ecosystems (fall)	_____ (March 30)	Antioch in Japan/KSU (sum)	_____ (February 1)
Buddhist Studies/India (fall)	_____ (March 15)	Germany (full year)	_____ (March 15)
Buddhist Studies/Japan (fall)	_____ (March 15)	Germany (sum/fall)	_____ (March 15)
Europe in Transition (spr)	_____ (October 30)	Germany (win/spr)	_____ (October 15)
Mali, West Africa (fall)	_____ (March 30)	Women's Studies in Europe (fall)	_____ (March 30)

PERSONAL DATA

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

Permanent/Parent's Address _____
Street City State Zip

Permanent Phone # (_____)_____ Gender _____

Current / Campus Address _____
Street City State Zip

Current Phone # (_____)_____ Current Address Expiration Date _____ / _____ / _____
Month Day Year

AND/OR Cell Phone # (_____)_____

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 _____

Citizenship _____Occupation _____

Father's Home Address _____
Phone

Father's Work Address _____
Phone

Father's **E-mail** address _____ (Circle one): home or work

Mother's full name _____

Citizenship _____ Occupation _____

Mother's Home Address _____
Phone

Mother's Work Address _____
Phone

Mother's **E-mail** address _____ (Circle one): home or work

HOME CAMPUS

Home Campus or College _____ Current Year in College _____

Major Field _____ Name of Academic Advisor _____

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

1. Caucasian/European American 2. African-American/Black 3. Asian American 4. Native American

5. Latin American/Hispanic 6. Other/Unknown 7. Non-Resident, Non-Citizen 8. Prefer Not to Respond

If you participate in an AEA program, your ***final Antioch transcript*** will be sent to your home Registrar's Office or Study Abroad Offic
Please provide the address below:

_____
_____
_____
_____

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,zip) Work Phone Usual working hours

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

_____

_____

_____

Please check if applicable.

_____ I am a non-Antioch student currently receiving financial aid from my own institution and will communicate directly with the Financial Aid office at my school concerning the possibility of receiving financial aid for the program for which I have applied. 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
$35 non-refundable application fee (check or money order made payable to Antioch Education Abroad) NO CASH PLEASE
Official Transcript (s): academic credit received from all colleges/universities attended
Two Faculty References from:

1. _____ 2. _____

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

_____ _____
Required Student Signature Date

HOME COLLEGE/UNIVERSITY APPROVAL SIGNATURE:

_____ _____
Off Campus Program/Study Abroad or Dean of Students Officer Date

MAIL APPLICATION TO:
Antioch Education Abroad
795 Livermore Street
Yellow Springs, OH 45387