ANTIOCH EDUCATION ABROAD
APPLICATION FORM

Program to which you are applying:

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

PERSONAL DATA

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

Permanent/Parent's Address _____
Street City State Zip

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

Current / Campus Address _____
Street City State Zip

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

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

Mother's full name _____

Citizenship _____ Occupation _____

Mother's Home Address _____
Phone

Mother's Work Address _____

Phone

HOME CAMPUS
Home Campus or College _____ 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

If you participate in an AEA program, your ***final Antioch transcript*** will be sent to your home Registrar's Office.
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
Official Transcript
Two Faculty References from:

1. _____ 2. _____

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

_____ _____
Required Student Signature Date