



Office of Global Education
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STUDY ABROAD APPLICATION
Japan Summer Term 2016

Name: _____ **Student ID#:** _____
Last First Middle

Mailing Address: _____
Street or P.O. City State Zip Code

Date of Birth: _____ **E-mail:** _____

Telephone Numbers (Include Area Code):

Home: _____ / _____ - _____
Cell: _____ / _____ - _____

In case of emergency, contact:

Name: _____

Address: _____
Street City State Zip

Telephone: _____ Relationship to student: _____

Passport Number & Date of Expiration: _____

Academic Major and Year in School: _____

Why are you interested in participating in this program?

List/describe any travel abroad experiences you have had.

Do you have any special medical conditions or needs that will affect participation in this program? Yes No

If yes, please explain. _____

Do you have any allergies or dietary restrictions ? Yes No

If yes, please explain. _____

Student Signature Date Signature of Parent or Guardian if student is under 18