



Preliminary Application

Program Site, Year and Quarter _____

Personal Information

Family Name _____ First Name _____
*Print name as it appears in your passport

Passport # (if you have one) _____ Country of Citizenship _____

Date of Birth _____ Student number _____
**Must be age 17 by program start date; the Florence, Italy Program has a minimum age of 18.*

E-Mail Address _____

Telephone # _____

Current Address _____

Permanent Address _____

Education

Dates of Attendance: From _____ To _____

Field of Study: _____ Cumulative GPA (2.5 or higher) _____

"I hereby certify that I have successfully completed at least 12 college credits of academic coursework with a cumulative GPA of 2.5 or higher."

Signature: _____ Date: _____

Please continue on next page....



Parent(s)/ Spouse or other Local Emergency Contact

Name(s) _____ Relationship to you _____

Address _____

Telephone (work) _____ (Home) _____

E-mail _____

Essay

On separate paper, please describe the reasons you would like to study abroad, what you hope to accomplish while studying abroad, and how you hope to incorporate the experience into academic or career plans. (1 page maximum, 1 ½ spaced)

Please attach the following to this application:

- ♣ Unofficial copy of most recent college transcript showing completion of at least 12 academic credits with a cumulative GPA of at least 2.5
- ♣ Two letters of recommendation (at least one from a college faculty member); can be submitted via email.

**Letters from family or friends are not acceptable.*

I would like to have reasonable accommodation provided for my disability while I'm abroad with WCCCSA. I would like my campus coordinator to provide me with information about how to request reasonable accommodation(s).

Please read and sign the following:

"I agree to attend a mandatory advising session with my campus study abroad advisor and will contact the Study Abroad Office to arrange for an appointment. I also agree to attend the mandatory pre-departure orientation if I am admitted to this study abroad program. I understand that I am personally responsible for meeting all required deadlines and payment obligations or I risk being penalized. I understand that I am applying for a full-time academic college program, and will be expected to participate in and complete all required coursework including regular classroom attendance and participation in academic activities. I further certify that I am in good academic standing at my home institution, and that I am not subject to any action at law or facing any pending legal action that would preclude me from departing or re-entering the USA. I also understand that I am subject to the WCCCSA Student Guidelines when I go abroad on a WCCCSA program. Lastly, I understand that if I choose to have reasonable accommodation(s) for my disability, I must work with my campus coordinator prior to departure on arrangements.

The information I have provided in this application is true and accurate and subject to verification."

Signature: _____ Date: _____

Please return your completed application to
your campus coordinator.
Campus coordinators are listed on the WCCCSA website
(www.wcccsa.com).