NOTRE DAME OF MARYLAND UNIVERSITY Short Term Academic Experiences Abroad Application: (Name of Program)

Name (as it appears on passport)				
	Last	First	M.I.	Preferred Name
Citizenship				
a. Country				
b. Passport Number				
Current Address (address until time of depa	rture)			
Street				
City	State	ZipPhone_		
E-mail		Cell Phone		
Permanent Address (e.g. address of parent	, guardian, or spouse)			
Street				
City	State	ZipPhone _		
Emergency Contact				
Name	Re	elationship		
Street				
City	State	Zip Home P	hone	
Work Phone		Cel	l Phone	
Health Information				
Name of Physician or Health Care Provider _		Phone		
Medications you are currently taking				
Allergies				
Significant Health Problems				
Course Information: (Choose one)				
Credit Course N	umber & Name			
Non-Credit				
College or University Presently Attendi	ng (circle one or specify	other)		
a. Notre Dame of Maryland University	b. Other_			c. None
Class Standing at beginning of on-site p	hase of study abroa	ı d experience (circle)		
a. Freshman b. Sophomore	c. Junior	d. Senior		
a WC h CAUS c GPA	ום א	a Othor		

Major or P	rospective Major			
Demograpi	hic information (used only	for statistical reports):		
Gender (cire	cle one)			
a. Female	b. Male			
Ethnicity:	Native America	n/Alaskan Native	Asian American or Pacific Islander	
	African-America	ın	Hispanic-American	
	Caucasian/White	e, Non-Hispanic	Multiracial	
Date of Bir	th (m/d/y)			
May ND rele	ase your name, address and p	hone to present/potential par	ticipants? (circle one)	
a. Yes	b. No			
I certify that		, ,,	s entirety are true and accurate. Date	
	Signature of Part	icipant		
	Printed Name			
Signatu	re of Parent/Guardian (if parti	cipant is under 18)		
	Printed Name			
Send applica	tion and deposit to:	<i>(Name of Leader)</i> Notre Dame of Maryland 4701 North Charles Stre Baltimore, Maryland, 21	eet ,	

Check Payable to Notre Dame of Maryland University