



Study Abroad Application

OFFICE OF INTERNATIONAL SERVICES AND SERVICE LEARNING

(Please print)

NAME: _____ DATE: _____

NMC ID: _____ NMC EMAIL: _____

CELL PHONE #: (_____) _____ LOCAL PHONE #(_____) _____

LOCAL ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

NAME AS IT WOULD APPEAR ON PASSPORT (Last, First, Middle): _____

BIRTHDATE (MO/DAY/YR): _____ SE

WHAT FOREIGN LANGUAGES HAVE YOU STUDIED AND FOR HOW LONG? (Please specify high school or college)

WHERE DID YOU FIRST HEAR ABOUT NMC STUDY ABROAD? _____

WHAT FOREIGN COUNTRIES HAVE YOU VISITED AND FOR HOW LONG? _____

Northwestern Michigan College is committed to a policy of equal opportunity for all persons and does not unlawfully discriminate on the basis of race, color, national origin, religion, disability, genetic information, height, weight, marital status or veteran status in employment, educational programs and activities and admissions. Read more at nmc.edu/nondiscrimination. Michigan Law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing with 182 days after the need is known. If you require accommodation for your study abroad program, please contact NMC Disability Support Services at 231-995-1929.

Your signature verifies the following:

1. I have completed at least 12 credits at Northwestern Michigan College with an overall GPA of 2.5 or higher by December 30 of the year prior to my departure.
2. I have completed the necessary prerequisites to enroll in this program.
3. I understand that study abroad programs require that applicants and participants are in good academic and disciplinary standing at the college.
4. I authorize NMC to bill my student account. I understand that all cancellations must be submitted in writing and meet any required deadlines.
5. I agree to and will abide by the NMC Student Code of Conduct (Student Rights and Responsibilities) located at www.nmc.edu/about/policies/board-staff/D-602.01 and the mandatory Risk Management documents (forms S1-7) located at www.nmc.edu/student-services/international-services
6. I understand that one of students' rights under FERPA is that they may authorize the release of specified information from their educational record to a specified third party. If I wish to do this I will use the online form under NMC's website titled, "Authorization to Disclose Non-Directory Information to 3rd Party". While studying abroad, it is furthermore understood that, in case of emergency, the school may release such necessary and relevant information from my record as deemed necessary and appropriate to protect the integrity of my record and my personal well-being.
7. I authorize NMC to make public that I am studying off-campus. Yes No
8. I will have all childhood and routine immunizations up to date and meet with my physician, The Travel Clinic or NMC Student Health Services for recommendations on vaccines specific to the area of travel prior to my departure in order to ensure my continued health.
9. I understand that NMC has the right to ensure a secure and positive learning environment for all who travel with NMC. Therefore, although most every student who has the desire and funding to travel will be accepted, there may be an occasion where to ensure the safety and success of a program, after review by the Study Abroad Review Committee, a student may not be eligible to participate.
10. **References:** Two signatures are required. One reference **MUST** be from an NMC faculty member. We recommend that the other be from an additional professor, teacher, advisor or work supervisor. Others could be from a religious leader, coach, extracurricular advisor, etc. References from family members and/or friends are not acceptable.

NMC Faculty Member Referral:

Name: _____ Signature: _____ Ph# _____

Additional Reference:

Name: _____ Signature: _____ Ph# _____

**By signing this, I agree to serve as a reference for this student who is applying for the opportunity to be selected in an NMC Study Abroad experience.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF STUDY ABROAD FACULTY LEADER: _____ **DATE:** _____

THIS APPLICATION MUST BE COMPLETED AND RETURNED TO:

OFFICE INTERNATIONAL SERVICES AND SERVICE LEARNING, SCHOLARS HALL-LOWER LEVEL-SUITE 29,

1701 E. FRONT STREET, TRAVERSE CITY, MI 49686 (231) 995-2524



ISSL OFFICE USE ONLY: APPLY DATE: _____ RECEIVED BY: _____