



**Roane State Community College Study Abroad Programs
APPLICATION**

Program: _____

Dates of the Program: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID: _____ Gender: M F Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Citizenship: _____ Phone: _____

Email Address: _____ Academic Advisor: _____

Do you have a valid passport? Yes No Do you have foreign language skills? Yes No

Describe what you hope to gain from this experience and how it will benefit your educational and career objectives.

EMERGENCY CONTACT (We encourage you to discuss this responsibility first)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

By signing below, I confirm that

- I have seen the forms I will be required to complete and submit to RSCC after being accepted into the program. The forms are: Financial Responsibility Agreement, Student Conduct Agreement, Medical Surrogacy, Medical History, and Scholarship Acceptance Agreement.
- I understand that a copy of my passport and all forms are due no later than March 17, 2020.
- If I am a student with a documented need for student assistance (Students with Disabilities documentation), I will share that information with RSCC Study Abroad no later than January 31, 2020.

Student

Date

Faculty Representative

Date