

# X. U. STUDY ABROAD - STUDENTS

## APPLICATION FOR ADMISSION

### PROGRAM \_\_\_\_\_

YEAR: \_\_\_\_\_ SESSION DATES: \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

BANNER ID \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  Male  Female  
Month/Day/Year

LOCAL ADDRESS \_\_\_\_\_  
Number Street City State  
Zip Code

LOCAL PHONE ( ) \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
Number Street City State Zip Code

PERMANENT TELEPHONE ( ) \_\_\_\_\_  
Area Code Number

HOME INSTITUTION \_\_\_\_\_

CURRENT STATUS:  Freshman  Sophomore  Junior  Senior  Graduate Student  Practitioner

MAJOR FIELD OF STUDY \_\_\_\_\_ GPA \_\_\_\_\_ EXPECTED GRADUATION \_\_\_\_\_  
Cumulative Previous Semester

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE( ) \_\_\_\_\_

### LANGUAGE STUDY INFORMATION

If you are enrolling in a foreign language program, please list those courses, if any, you have previously taken in the language you intend to study.

ACADEMIC YEAR	COURSE TITLE	GRADE	INSTITUTION

In order to rate your appropriate language skills, in the foreign language you intend to study, please check the appropriate boxes:

CATEGORY	NONE	POOR	GOOD	VERY GOOD	OUTSTANDING
Oral Comprehension					
Speaking					
Reading					
Writing					

**PERSONAL QUESTIONS**

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What do you hope to achieve during your study abroad experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think you are a good candidate for study abroad? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any honors, or scholarships you have received in the past:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

DESCRIBE YOUR PERSONAL INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the information in this application is accurate and true. I authorize Xavier University's Department of Occupational Therapy to access my academic records and to contact appropriate personnel to verify that I am under no disciplinary action or have judicial cases pending against me.**

Date \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent's or guardian's signature if applicant is under age 18.

\_\_\_\_\_

Xavier University is an academic community committed to equal opportunity for all persons regardless of age, sex, race, religion, handicap or national origin.