

**FULLERTON COLLEGE & CYPRESS COLLEGE**  
**STUDY ABROAD APPLICATION**

**Study Abroad Program for which you are applying:**

**Paris, France – Spring 2008**

\_\_\_\_\_ (\$400 deposit required –to be  
returned if not selected)

**Prerequisites:** A minimum of 12 semester units must be completed, including English 100 or equivalent, by the semester prior to the Semester Abroad Program and a Grade Point Average (GPA) of 2.5 is required at the time of the application.

**Correspondence Information**

1. Name:

\_\_\_\_\_

(First)

(Middle Initial )

(Last)

Student ID #: \_\_\_\_\_

(Circle One): Male    Female    Birth date (Optional): \_\_\_\_\_

2. Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

3. Permanent Address (e.g., address of parent, guardian, or spouse) (Emergency contact)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

4. E-mail address (*please print very distinctly*): \_\_\_\_\_

5. College or school you are presently attending: \_\_\_\_\_

**Medical Information:**

We do not require a physician's report as a condition of acceptance in the program, but we strongly recommend that you have medical and dental checkups before going abroad. If you have a specific health problem of which we should be aware, please inform the program director as soon as possible. We keep this information in the strictest confidence and do not use it for admission purposes. In fact, we send a medical form for emergency information only after students are accepted. You are required to inform the program director of both physical and mental health problems so that your study abroad experience will be as safe and as comfortable as possible and so that we can help you arrange continued treatment before you go abroad.

Please be aware that the stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Therefore, if you have a physical or psychological condition it is important that you meet with your physician or counselor to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying off campus will help you to identify those resources that will and will not be available at your program site.

**General Information:**

Academic Status (*Circle one*): Freshman    Sophomore    Other: \_\_\_\_\_

Do you expect to be traveling on a U.S. passport?    (*Circle one*):    Yes    No

If not, from which country?

\_\_\_\_\_

Academic or prospective major: \_\_\_\_\_

Total number of college units completed to date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Please list all colleges attended:

\_\_\_\_\_  
\_\_\_\_\_

Have you taken English 100 or an Equivalent?    (*Circle one*):    Yes    No

Grade: \_\_\_\_\_

**Please provide the names and contact information for two academic references.**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**On a separate piece of paper**, please describe two specific goals you would like to meet through your study abroad experience on this program, and explain how you will do this. Please rank these goals with the most important first. These two responses together should be approximately one page long (typed, double-spaced).

**Please attach a copy of your college transcripts (unofficial is acceptable).**

For our records, please tell us how you found out about this program: \_\_\_\_\_

\_\_\_\_\_.

Should I be accepted into this Study Abroad Program, I give the Study Abroad Program permission to include photos of me on their website and promotional materials. \_\_\_\_\_

I have read and understand the above statements. \_\_\_\_\_

I affirm that the information given in this application is true and correct to the best of my knowledge. I also give permission for the NOCCCD to contact the above references regarding my academic record.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)