



IWU Spain Program Application Form

Applications due April 15 to the International Office, CLA 3rd floor

Personal Information (Please print clearly in ink.)

Name: last first middle

Date of Birth: Student ID #:

Local Address (Hall, House, or Off-Campus):

Local Phone: Home Phone: IWU Email: @iwu.edu

Home Address: street city state zip code

Academic and Disciplinary Information

Class year: First-Year Sophomore Junior

Major 1: Major 2:

Minor 1: Minor 2:

Cumulative GPA:

Are you or have you ever been on academic probation? Yes No If yes, please explain on the back of the page.

Are you currently under any disciplinary sanction with the Dean of Students Office or have you ever been referred to AUJC or the Dean of Students office for disciplinary action? Yes No If yes, please explain on the back of the page.

References

Please provide the names of your referees: Academic Reference:

Non-Academic Reference:

Agreements

Please initial the following to indicate that you have read and understand each item:

I understand that, upon acceptance to the program, I am required to submit a non-refundable \$1000 deposit and that the deposit will be credited toward the cost of the program.

I understand that I am required to attend the pre-departure meeting in its entirety or permission to study abroad will be withdrawn.

I understand that I must submit all additional study abroad forms (Waiver, Medical Information Form, Study Abroad Financial Aid Form, and Letter of Understanding form) by the required deadlines or permission to study abroad may be withdrawn.

I understand that social and/or academic probation can affect my approval for off-campus study.

I understand that, in addition to regular IWU tuition, room and board, I will be charged a Spain Program fee.

I understand that IWU will apply any applicable financial aid to that tuition bill, and then will forward the balance to me, my parents, or my guardian.

I understand I must report any additional scholarships I receive to the International Office and the Financial Aid Office.

I certify that this application is true and accurate to the best of my knowledge.

Name (print) Signature Date

