

Off Campus Study Student Application

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Preferred E-mail Address: _____

Local Address: _____

Permanent Mailing Address: _____

Home Phone: _____ Local Phone: _____

Social Security Number: _____ Birth Date: _____

Passport Number: _____ Place of Issue: _____

Expiration Date: _____ Date of Issue: _____

PROGRAM INFORMATION

Program: _____ Program Dates: _____

Names of two Erskine professors whom you have asked to write recommendations:

ACADEMIC INFORMATION

Current Classification: Freshperson Sophomore Junior Senior

Expected Year of Graduation: _____

Declared Major(s): _____

Declared Minor(s): _____

PERSONAL STATEMENT

Please attach a brief essay describing how the program you have selected suits your academic and personal goals (approximately 250 words).

INFORMATION CONCERNING PARENT OR GUARDIAN

You are responsible for having your parent or guardian submit the following information stating that she/he is aware of your having applied to this program.

Last Name: _____ First Name: _____

Preferred Mailing Address: _____

Home Phone: _____ Work Phone: _____

Country, if other than USA: _____

Signature: _____