

## IRELAND STUDY ABROAD APPLICATION

## **Personal Information**

Name:		
First	Middle	Last
	/ Sex: OMale OFer	malePC Student ID #
Mailing Address:		
Email Address:		
Home Phone:	W	ork Phone:
Passport #:	Da	ate of Issue:
Name as it appears on pass	port: (must match exactly for ticketing purpos	ses)
First	Middle	Last
Program Information		
Please indicate which progra	am you are applying for: OSumm	er 2005 (5/17 – 6/07)
Parent or Next of Kin Infor	<u>mation</u>	
Name:	Name:	:
Relation:	Relation	on:
Address:	Addres	SS:
Home Phone:	Home	Phone:
Work Phone:	Work F	Phone:
Fav:	Fav:	

Academic Information		
Are you participating in this program pursuant to a degree?	OYes ONo	
Major Field:	Minor Field:	
Current GPA:		
Financial Information		
I am planning to apply for financial aid: OYes ONo		
Other Programs		
Please list any other study abroad programs in which you ha	ve participated.	
Are you applying for any other study abroad programs at this	time? If so list them.	
Ethnicity (optional)		
If you wish to identify yourself as a member of an ethnic or ra	icial group, please indicate:	
OBlack OAmerican Indian OHispanic OWhite	○ Asian/Pacific Islander	Other(s)

## References (required – at least two)

You may seek references from faculty or academic advisors who know you and support your decision to participate in this study abroad program.

Name:	Position:	
College:	Phone:	
Name:	Position:	
College:		
Name:	Position:	
College:	Phone:	

## Information for Students with Disabilities who May Require Accommodations:

Phoenix College makes reasonable accommodations for students with disabilities who are otherwise qualified to participate in its activities and programs. The Americans with Disabilities Act does not govern accessibility standards in other countries, however, and the College is not responsible for assuring accessibility in those locations. While the College will try to accommodate for special needs, students with disabilities must know that some international experiences may not be appropriate for them.

In order to address this concern, students who will need accommodations should self-identify at the time of application for participation in an international experience. Students should notify the Disability Resource Center (602) 285-7486 or (602) 285-7477 TDD of their interest in participating in the international experience. The Coordinator of the Disability Resource Center will meet with the student, sponsoring faculty and relevant others to determine whether the student's needs can be accommodated.

Agreement/A	pplicant's	Signature:
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I agree to notify the study abroad program director of any changes to the information presented on this application.

I understand that my application will be reviewed and can be accepted or denied.

I certify that all information on this application is correct.

Signature of Applicant	Date

For PC Use Only

Is the student currently registered at PC?	⊙Yes	ONo
Is the student full-time?	○Yes	ONo
Has this student ever been involved in any disciplinary problems?	OYes	ONo
Is the student approved to participate in the Study Abroad in Ireland program	? OYes	ONo
Program Advisor	Date	
		○No