



ISIC ID # _____
Check # _____
For Office Use Only

DIVISION OF STUDENT AFFAIRS

La Salle University Study Abroad Application

Full Name _____ ID# _____

Date of Birth _____ SSN# _____ Year of Study (circle one): FR / SO / JU/ SR

Personal E-mail (other than La Salle) _____ Major _____
GPA _____

Academic Advisor _____ Do you receive Financial Aid? YES NO

Which semester are you applying to study abroad? _____

Please check the study abroad program: ___ Ireland ___ Italy ___ Mexico City ___ Australia
Student Teaching _____

Campus Address _____

_____ Telephone _____

Permanent Address _____

_____ Telephone _____

Citizenship _____ Passport # _____ Exp. Date _____

Emergency Contact #1 Name _____ Telephone _____

Address _____

Emergency Contact #2 Name _____ Telephone _____

Address _____

Student Organizations / Awards and Honors: _____

Off-Campus Activities / Awards: _____

I certify that the information above is correct. I understand that I must obtain a **Passport** and **International Student Identity Card (ISIC)** in order to study abroad. I agree to be subject to the rules and regulations of La Salle University while studying abroad. I authorize La Salle University to release my academic record, disciplinary record, and financial hold information to determine my eligibility for this study abroad program.

Signature _____ Date _____

***Please submit a \$23.00 check payable to La Salle University and two passport photos with this application to process your ISIC. Thank you!**