Kettering University

Application for Study Abroad

Complete and return to Office of International Programs, Room 1-919 AB

Program Information:

Program (University/Site/Country): _____

Faculty Program Coordinator: _____ Term: _____

Student Information:

Name: _____ Email: _____

Student ID # _____ Class Standing when Abroad: _____

Present Class Standing: _____ Section: _____ Expected Grad Date: _____

Major Field of Study (include cognate): _____

WAG: _____ Academic Advisor: _____

On-Campus Contact Information:

Address _____Campus Phone: _____

Home Contact Information:

Address: _____ Home Phone _____

City, State and Zip: _____ ___ Alternate Phone _____

Work Term Contact Information:

Employer: _____ Work Phone: _____

Work Address: _____

City, State and Zip: _____

Date: _____ Student Signature: _____

Office of International Programs, Kettering University, 1700 W. Third Ave., Flint, MI 48504
(810) 762-9869 international@kettering.edu

September 2008