

Registration form for Ireland Study Abroad – Winter Term 2017

PLEASE PRINT YOUR FULL LEGAL NAME AS IT APPEARS ON YOUR PASSPORT:

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

E-Mail _____ Home Phone _____ Cell _____

Birthdate ____/____/____ Student ID # _____ Major _____

Current Status ____ Freshman (0-29 hrs.) ____ Junior (60-89 hrs.) ____ Post Degree
 ____ Sophomore (30-50 hrs.) ____ Senior (90 hrs. or more) ____ Guest / Non-Credit

Directions for Ireland Study Abroad registration:

1. Fill out this form completely with the required personal information.
2. Obtain advisor’s approval and required signatures for the following courses you plan to take abroad.
3. **Pay \$300 deposit at Student Accounts by December 1, 2016** and receive stamp “paid” on this form.
4. Submit completed form to the **Office of Study Abroad, Room 1501**(John Magee, phone: 734-432-5656)
5. Once you turn in your completed form to the Office of Study Abroad, you will automatically be registered.

PLEASE NOTE: Travel costs must be paid according to the payment schedule for your particular trip.
 Deposits are refundable only if the university cancels the study abroad trip.

<input checked="" type="checkbox"/> STAB 3802.07.05.00 StAb Ireland <i>(All travelers register for this section. Travel cost will be charged to this 0-credit number.)</i>			
<i>Students earning course credit: Select one or two classes below for a maximum of 7 credit hours</i>	<i>Advisor initials</i>	<i>SA Prof initials</i>	<i>For office use only</i>
<input type="checkbox"/> HUM 2802.07.05.00 4 s.h. (fulfills UC-3A requirement)			
<input type="checkbox"/> ENG 2802.07.05.00 3 s.h. (equivalent to ENG 2620 Language and Culture, fulfills half of GE-5B)			
<input type="checkbox"/> WRT 1802.07.05.00 3 s.h. (equivalent to WRT 1020 College Composition II, fulfills UC-1)			
<i>Note: all students registering for credit-bearing courses must attend all class meetings during Winter 2017 term on Wednesdays from 5-7 PM and one post-trip date and time TBD.</i>			

THE FOLLOWING INDIVIDUALS MUST SIGN THIS FORM:

1. **Student’s Major Academic Advisor:** _____
2. **Study Abroad Professor** (Prof’r Edelmayer or Haldane): _____
3. **John Magee, Dir. Study Abroad** _____

I understand that upon submission of this form I will be registered for the designated course(s) and applicable tuition and fees will be charged to my account.

Student Signature _____

Today’s Date _____

Proof of deposit ↓

Copies of this form will be sent to:

- Student
- Registrar
- Student Accounts
- Study Abroad Professors
- Office of Study Abroad

\$ _____

Date: _____