

Office of International Programs and Services

2700 Evergreen Pkwy NW, LIB 2153, Olympia, WA 98505

Tel: 360-867-6421 Fax: 360-867-5343

**Preliminary Application for Consortium Study Abroad**

\*\*\* **PLEASE PRINT** \*\*\*

Name: Click here to enter text. Phone: Click here to enter text.

Last Name, First Name, Middle Initial

Student ID number: Click here to enter text. Email Address: Click here to enter text.

Receiving Financial Aid Yes No Receiving Pell Grant Yes No

My First Quarter/Year at Evergreen: Click here to enter text. Current Class Level: Click here to enter text.

Quarter/Year

I plan to study abroad during:

Fall Quarter or Fall Semester Year: Click here to enter text.

Winter Quarter Year: Click here to enter text.

Spring Quarter or Spring Semester Year: Click here to enter text.

Summer Quarter or Summer Semester Year: Click here to enter text.

The Consortium program(s) I plan to apply to:

First Choice: Click here to enter text. Country: Click here to enter text.

Second Choice: Click here to enter text. Country: Click here to enter text.

Third Choice:Click here to enter text. Country: Click here to enter text.

My area(s) of emphasis: Click here to enter text.

Please tell us briefly how this Consortium program is an appropriate choice for your educational goals:

Click here to enter text.

Have you ever been on academic warning? Yes No If yes, when? Click here to enter text.

Do you have any disciplinary history at Evergreen? Yes No If yes, what/when?Click here to enter text.

Please attach a copy of the printout of your academic history from your *my.evergreen* account.

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Student Signature

Return completed form to: International Programs & Services • LIB 2153

Fax: 360-867-5343 • [studyabroad@evergreen.edu](mailto:studyabroad@evergreen.edu)

Office Use: Academic Warning  Disciplinary Record  Length of Interdisciplinary Study