

IWU Global Studies Application

(rev. 3/2/09)

Personal Information

Applicant Name		Study Program Requested	Semester/Year
Campus Email	/	Campus Box #	Student ID#
()		()	Gender
1 st Phone		2 nd Phone	Passport #
Permanent Address		Passport Expiration Date	
City, ST ZIP Code		Passport Place/Date Issued	
		Country of Citizenship	

Academic Information

Major(s)	Minor(s)
Academic Advisor(s) Name	Cumulative GPA
Fr. So. Jr. Sr.	Fr. So. Jr. Sr.
Current Class Level	Class Level at Program Date
Expected Graduation Date (MM/YY)	

Parent/Guardian/Spouse Emergency Contact Information & Release

Providing this information with your signature indicates authorization for IWU communication with the designated individual(s).

Primary Emergency Contact	/	Relationship	Secondary Emergency Contact	/	Relationship
()		()	()		()
Home Phone		Work Phone	Home Phone		Work Phone
Address			Address		
City, ST ZIP Code			City, ST ZIP Code		
Signature of Applicant			Date		

Approval Signatures	
<i>Signatures indicate a discussion with applicant regarding the impact on them of a global studies program relative to your department, as well as general support for the applicant's participation; it does not imply final course credit approval or financial award.</i>	
Circle One: I DO support I DO NOT support	Circle One: I DO support I DO NOT support
Student Development Signature Date	Academic Advisor Signature Date
We have discussed the implications to the applicant relative to this department:	We have discussed the implications to the applicant relative to this department:
Financial Aid Counselor Signature Date	Records Office Signature Date