

Application to RCCD Short-Term Study Abroad

- Please complete this application, print and sign, and then submit to RCCD Study Abroad Office along \$1250 deposit check, which is applied toward your program fees.

Program Destination: _____ Academic Term: _____ Year: _____

Last Name: _____ First Name: _____

RCCD ID#: _____ Date of Birth: _____

Gender: _____ Ethnicity: _____

Phone number: _____ RCCD Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Your current cumulative GPA? _____ Do you have a passport? ___ Yes ___ No

If Yes, please attach a copy of your passport to this application.

___ I prefer to fly with the group airline reservation (No deviation allowed).

___ I am planning to book my airline ticket and meet the group on the first day of the program.

How do you plan to finance your participation in this program?

- What do you hope to gain from your participation in this program?

How did you hear first about this program? (Check all that apply)

Faculty leader
webpageBlast email
Flyer/PosterClass visit
College webpage

Academic Counselor SAP

Applicant Name: _____ **Date:** _____

By placing your name and dating this line, you acknowledge the information provided is true and correct.