



Outgoing Exchange Application

Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • E-MAIL studyabroad@valdosta.edu

PHONE 229.333.7410 • FAX 229.245.3849 • WEB www.valdosta.edu/studyabroad

Personal Information

Last Name _____ First/ Middle _____

Current Address _____
Street Address Apt/Rm # City State Zip Code

Cell Phone # _____ Home Phone # _____

Permanent Address _____
Street Address Apt/Rm # City State Zip Code

Date of Birth _____ VSU ID # _____ Gender _____

E-mail _____

Passport Information

I have a Passport Passport Number _____

I will be applying for a Passport

Medical Information

Please describe medical conditions, allergies, and physical limitations; list medicines that you take on a regular basis.

Emergency Contact

Name _____

Address _____
Street Address Apt/Rm # City State Zip Code

Cell Phone # _____ Home Phone # _____

Relation _____

Emergency Contact's E-mail _____

Academic Information

Academic Class (check one) Freshman Sophomore Junior Senior Graduate
Major _____ GPA _____

Please describe the courses you would like to take abroad:

Academic Advisor _____

Please check the duration of your program Fall Spring Fall and Spring

Additional Information Needed

Your application will not be complete until the following items are received by the Center for International Programs, Valdosta State University, Valdosta GA 31698:

- A. A complete and up-to-date transcript of your college-level work
- B. A letter of reference from a faculty member commenting on your academic ability, maturity, and suitability for study abroad. The faculty member should send this letter directly to the Assistant Director, Office of International Programs.
- C. A one- or two-page statement from you, describing why you would like to study abroad and what benefits you would expect to gain from your experience.

Release and Waiver of Liability

Please read and sign the following statement:

I acknowledge that participation in an exchange program involves some risks of injury, illness, or loss of personal property. I agree to release and forever discharge VSU and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in the exchange program described above.

I hereby agree to maintain accident and health insurance in force and effect for the entire duration of my participation in the program. I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study.

I have read the above statement carefully before signing. Further, I understand that this Release and Waiver of Liability shall be effective for a period of one year from this date.

Name (Print) _____ Date _____

Signature _____

Applicants under 18 years of age must have the following statement signed by their parents or guardians:

In case of injury or illness, I hereby authorize the leaders of the exchange program described above to obtain and provide medical treatment and services for my son or daughter as deemed necessary.

Parent/Guardian's Name: _____

Parent/Guardian's Signature _____ Date _____