



ANTIOCH

EDUCATION ABROAD

Experience. Engage. Explore.

MAIL TO:
 Antioch Education Abroad
 Antioch University
 150 E. South College St.
 Yellow Springs, OH 45387

aea.antioch.edu 800-874-7986 aea@antioch.edu

APPLICATION FOR ADMISSION

(TYPE or use a BLUE or BLACK INK PEN – **NO PENCILS**)

PROGRAM TO WHICH YOU ARE APPLYING:
 Please mark 1 and 2 to indicate your program preferences if you are applying to more than one program.

<input type="checkbox"/> Arts and Culture in Mali (fall)	Deadlines	March 30
<input type="checkbox"/> Brazilian Ecosystems (fall)		March 30
<input type="checkbox"/> Buddhist Studies/India (fall)		March 15
<input type="checkbox"/> Buddhist Studies/Japan (fall)		March 15
<input type="checkbox"/> Europe in Transition (spring)		October 30
<input type="checkbox"/> Germany (winter/spring)		October 15
<input type="checkbox"/> Germany (full year)		March 15
<input type="checkbox"/> Germany (summer/fall)		March 15
<input type="checkbox"/> Women's & Gender Studies (fall)		March 30

PERSONAL DATA

Name
Last First Middle

Social Security No.

Permanent/Home Address
Street City State Zip

Permanent/Home Phone #

Current/Campus Address
Street City State Zip

Cell or Current Phone # Current Address Expiration Date

Student's **Email** Address Only during School All Year

Age Birth Date Birth Place Citizenship
City, State, Country Country

Passport No. Date of Issue Place of Issue
 Expiration *If you do not yet have a passport, when will you obtain one?*

STATISTICAL INFO (This information is used for statistical purposes ONLY.)
Ethnic Background (Check one.)

Caucasian/European American African-American/Black Asian American Native American
 Latin American/Hispanic Other/Unknown Non-Resident, Non-Citizen Prefer Not to Respond

Gender:

HOME CAMPUS

Name of Home Campus/College & State Current Year in College

Major Field Name of Academic Advisor

If you participate in an AEA program, your **final Antioch transcript** will be sent to your home Registrar's Office or Study Abroad office. Please provide the address below:

(turn over)

EMERGENCY/FAMILY INFORMATION

Father's Full Name [] Mother's Full Name []

Father's Home Address [yg] Mother's Home Address []

Phones: Home [] Work [] Cell []

Father's Email [] Mother's Email []

*If either of the following two people differ from those listed above, please provide their Name, Relationship to You, Home Address and Phone, Work Phone, Cell Phone, and Email Address on a Separate Sheet of Paper:

1. Parent, guardian, or other person legally responsible for your finances and well-being: []

2. In the unlikely event of an emergency or if you are hospitalized, whom do you want notified? []

Please describe all special health needs: pre-existing conditions, physical restrictions, allergies, medications and medically restricted diet. (This information WILL NOT be used in determining your eligibility for the program.) We heavily rely on student self-disclosure so that we can appropriately accommodate you. (Attach additional page, if needed.)

[]

Please check if applicable

[] I am a student currently receiving financial aid from my own institution and will communicate directly with the Financial Aid office at my school concerning the possibility of receiving financial aid for the program for which I have applied. I understand that all loans and grants must be signed prior to departure.

SUPPORTING MATERIALS REQUIRED:

(Please check if included or, next to the item, indicate when it will arrive.)

- [] Goals Statement (see instructions)
[] Official Transcript(s) from all colleges/universities where academic credit received
[] \$ 50 non-refundable application fee (check or money order made payable to Antioch Education Abroad (NO CASH PLEASE))
[] Women's Studies Questionnaire (if applicable) [] Mali Questionnaire (if applicable)
[] Two Faculty References From: (see form)

1. [] 2. []

YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL SIGNED/SUPPORTING MATERIALS HAVE BEEN RECEIVED.

HOME COLLEGE/UNIVERSITY APPROVAL SIGNATURE:

[] [] []

Off-Campus Program/Study Abroad Advisor or School Representative Signature

Date

Phone #

[]

Print name and title of Off-Campus Program/Study Abroad Advisor or Representative

[] []

Required Student Signature

Date

How did you hear about us?

- [] Flyer [] Fair
[] Study Abroad Office
[] Professor
[] Website
[] Other