

Overseas Study Program
Department of Art
5232 University of Oregon
Eugene, OR 97403-5232
(541) 346-3610

**OVERSEAS STUDY PROGRAM
APPLICATION FOR ADMISSION**

Program _____ Term/Year _____

Mr./Ms. _____
Last Name First Middle Student ID #

Email address _____

Local Address _____ () _____
Street City State/Zip Telephone

Home Address _____ () _____
Street City State/Zip Telephone

Birthdate _____ Place of Birth _____ Citizenship _____

Person(s) to contact in case of emergency and their address(es):

_____ () _____
Name Street City State/Zip Telephone

_____ () _____
Name Street City State/Zip Telephone

Major Field of Study _____ Last recorded GPA _____

Academic standing at start of program: So Jr Sr Grad Post Bac

Years of Studying Art: high school _____ college _____

List the Art classes taken in program applied for:

Other Art Classes:

Please complete other side

Background

1. Have you traveled outside of the United States? If so, where and for what length of time? What was the experience like?

2. Have you studied languages other than English? If so, which languages and for how long?

3. Do you have a medical history or disability that needs special attention and preparation to participate in this program?

4. Why do you want to study this overseas program? You should include the academic and personal goals you hope to accomplish overseas.

How did you find out about the Art overseas program?

_____faculty members _____class announcement _____mailing
_____bulletin board _____other (please specify)

Signature

Date