



# STUDY ABROAD APPLICATION Wheeling University

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WU Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Note: for security reasons, the Study Abroad personnel will not use external email accounts.

Semester(s) Abroad:  Fall  Spring  Summer of Academic Year 20\_\_\_\_ / 20\_\_\_\_

### Study Abroad Program Information

Destination Site(s): \_\_\_\_\_  
Country or countries in which you propose to study

Program Sponsor: \_\_\_\_\_  
Sponsoring college, university, or other institution

Program Address: \_\_\_\_\_  
Street City State Zip

Program Contact: \_\_\_\_\_  
Email Phone

Host Institution: \_\_\_\_\_  
Hosting college, university, or other institution

Host Address: \_\_\_\_\_  
Street City State Zip

Host Contact: \_\_\_\_\_  
Email Phone

### Financial Aid Options

Have you seen a Financial Aid counselor about study abroad?  Yes  No

Do you plan to pursue outside scholarships for study abroad?  Yes  No

If so, please indicate programs to which you have or will apply: \_\_\_\_\_

### WU Academic Information for Approval

\_\_\_\_\_  
Primary Major Primary Advisor Advisor Signature

\_\_\_\_\_  
Secondary Major Secondary Advisor Advisor Signature

\_\_\_\_\_  
Minor(s) Minor Advisor Advisor Signature

Please consult the Wheeling Jesuit University Catalog for academic policies. Consult with your academic advisor prior to selecting the courses that you will take during your study abroad experience. You are responsible for obtaining required signatures on the Study Abroad Transient form.

Last Semester GPA:  Cumulative GPA:  Total Attempted Credits:  Total Earned Credits:

Wheeling University  
Office of the Registrar  
316 Washington Ave., Wheeling, WV 26003  
Phone: (304) 243-2238 | Fax: (304) 243-2349  
Email: registrar@wju.edu



# STUDY ABROAD APPLICATION

## Wheeling University

### Medical History

Because overseas study programs can be both physically and emotionally demanding, we ask that you provide a candid evolution of your health. This information is not used as part of an application process, but to better render assistance should it be necessary.

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Please rate your overall health: Excellent Good Fair Poor

Do you have any dietary restrictions or known food allergies? Yes No

Do you have allergies to medications, plants, animals/insect bites, etc.? Yes No

Are you currently taking any prescription medication? Yes No

Are you currently receiving, or have you received in the past two years, counseling for the treatment of any emotional problems, drug addition, alcoholism, psychiatric conditions, or eating disorder? Yes No

Do you have any significant chronic medical conditions requiring ongoing medical supervision and treatment, or have you had in the past any significant conditions that is currently in remission (e.g., diabetes, heart problems, cancer, etc.)? Yes No

Will you require or desire special accommodations while abroad (e.g., for visual, hearing, or mobility limitations, learning disability, etc.)? Yes No

If you answer "Yes" to any of the above, please give further explanation.

### Health Insurance Verification

You should have adequate health insurance coverage while studying or traveling abroad. Failure to carry insurance can result in the delay or denial of treatment.

My current policy will provide coverage while I am abroad: Yes No

\_\_\_\_\_  
Name of insurance carrier

\_\_\_\_\_  
Policy Number

Statement of Coverage (briefly describe):

Emergency evacuation provided

Repatriation of remains provided

### International Student Identity Card

The International Student Identity Card (ISIC) provides supplemental coverage, including repatriation of remains and emergency evacuation. Information for the ISIC go to [www.isic.org](http://www.isic.org)