

MACALESTER COLLEGE Off-Campus Study Proposal

PERSONAL DATA

NAME: _____ ID# _____

LOCAL ADDRESS _____

LOCAL PHONE# _____ PREFERRED E-MAIL _____

DECLARED MAJOR (S) _____

DECLARED MINOR (S) _____

CLASS (CIRCLE ONE) So Jr Sr CUMULATIVE GPA _____

I ANTICIPATE GRADUATING IN (CIRCLE) FALL SPRING OF THE YEAR 20 _____

PROPOSED OFF-CAMPUS PROGRAM

OFFICAL NAME OF PROGRAM OR UNIVERSITY & LOCATION (COUNTRY)

LENGTH OF PROGRAM (CIRCLE) SEMSETER ACADEMIC YEAR

IF UNIVERSITY PROGRAM ARE YOU DIRECT-ENROLLING? (CIRCLE) YES

NO, I AM USING THIS US PROGRAM PROVIDER: _____

DOES PROGRAM HAVE A TOPIC THEME? _____

APPROXIMATE PROGRAM DATES (MONTH/YR) _____ TO _____

PROGRAM LANGUAGE PREREQUISITES (IF ANY) _____

EMERGENCY CONTACT

PARENT/GUARDIAN NAME
(S) _____

PHONE: _____ E-MAIL _____

ADDRESS: _____

IF PARENTS ARE SEPARATED OR DIVORCED, SHOULD WE CONTACT BOTH? YES NO

IF YES, PLEASE INDICATE SECOND PARENTAL NAME, ADDRESS, & PHONE ON A SEPARATE SHEET.