# General Application Form

<table>
<thead>
<tr>
<th>Lamar University ID #:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Exactly as appears/will appear in your passport):</td>
<td>Passport Number:</td>
<td>Passport Nationality:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Street Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Permanent Street Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>Home Phone Number:</td>
<td>Work Phone Number:</td>
<td>Cell Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

Complete each question by circling the correct answer:

1. Current classification:
   - [ ] Freshman
   - [ ] Sophomore
   - [ ] Junior
   - [ ] Senior
   - [ ] Graduate
   - [ ] Post Graduate

2. Taking this course for:
   - [ ] Undergraduate Credit
   - [ ] Graduate Credit
   - Expected Graduation Date: ________________

3. College:
   - [ ] Arts & Sciences
   - [ ] Education & Human Development
   - [ ] Other: ________________
   - [ ] Business
   - [ ] Fine Arts & Communication
   - [ ] Engineering
   - [ ] Graduate

4. Major:

5. Are you planning to graduate before your study abroad program starts?  
   - Yes [ ]  
   - No [ ]
   
   *If you graduate before your study abroad program begins, your enrollment in the related course(s) will be canceled. To participate post-graduation, you must be accepted as a graduate or post-graduate student at Lamar University before the study abroad program starts.*

6. Study Abroad Program Information
   - [ ] Lamar University Faculty-led Program
     - Program Director: ____________________________
     - Course Number(s): ____________________________
   - [ ] Lamar University Exchange Program
     - Program Name: ____________________________
     - Host University: ____________________________
     - Course Number(s): ____________________________
   - [ ] Transient Study Abroad
     - Program Name: ____________________________
     - Country: ____________________________
     - University: ____________________________
     - Website: ____________________________
     - Contact Email address: ____________________________

8. Do you require special accommodations due to disability-based reasons?  
   - Yes [ ]  
   - No [ ]

   *If yes, attach a brief description of accommodations needed.*

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*Important note about program payments for LU faculty-led programs*

*All program payments are made to the LU Cashier’s Office using a debit card, personal check, cashier’s check, money order, cash, and/or wire transfer. Ask your program director about payment deadlines. All program payments are non-refundable. Payment of LU tuition and fees for the courses offered on study abroad programs is due separately from trip payments and should be made to the LU Cashier’s Office at the time tuition is due for your term abroad.*

Student Signature: ____________________________  
Date: ____________________________

Form Rev. Sept. 2015