



CARDOZO

Benjamin N. Cardozo School of Law

APPLICATION TO STUDY ABROAD

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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STUDENT ID #:	CURRENT CLASS STANDING (1L, 2L):	CURRENT GPA:
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COUNTRY OF CITIZENSHIP:	PASSPORT #:	DATE OF BIRTH:
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CURRENT ADDRESS:		
STREET:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	

EMERGENCY CONTACT:	RELATIONSHIP TO YOU:
NAME:	
PHONE:	EMAIL:

LANGUAGE PROFICIENCY: PLEASE LIST <i>RELEVANT</i> LANGUAGE YOU SPEAK AND LEVEL OF PROFICIENCY AS EXCELLENT, GOOD, FAIR, OR NONE. N/A IF ENGLISH-SPEAKING COUNTRY:		
READING:	WRITING:	SPEAKING:

INDICATE WHICH TYPE OF PROGRAM YOU ARE APPLYING FOR:		
<input type="checkbox"/> EXCHANGE PROGRAM	<input type="checkbox"/> INDEPENDENT ABA PROGRAM	<input type="checkbox"/> INDEPENDENT FOREIGN DIRECT ENROLLMENT

LIST PROGRAM(S) YOU ARE APPLYING TO. IF YOU ARE INTERESTED IN MORE THAN ONE PROGRAM, PLEASE RANK BY PREFERENCE.		
UNIVERSITY:	SEMESTER ABROAD:	PREFERENCE:
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I CERTIFY THAT I HAVE READ THE STUDY ABROAD INFORMATION SHEET AND UNDERSTAND MY RESPONSIBILITIES THEREIN PERTAINING TO STUDYING ABROAD. FURTHERMORE, I CERTIFY THAT ALL INFORMATION ABOVE IS ACCURATE AND I AUTHORIZE CARDOZO TO RELEASE MY TRANSCRIPT AND ANY OTHER PERTINENT DOCUMENTS TO THE STUDY ABROAD PARTNER UNIVERSITY.	
STUDENT SIGNATURE:	DATE:

SIGNATURE OF DEAN OF STUDENTS CONFIRMING DISCUSSION OF STUDY ABROAD PLANS AND VERIFICATION THAT GRADUATION REQUIREMENTS WILL BE FULFILLED ON TIME.	
SIGNATURE:	DATE: