



APPLICATION FOR CEFAM'S STUDY ABROAD PROGRAMS

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**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male       Female      Date of Birth \_\_\_\_\_  
day/month/year

Street Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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**Application**

Term you wish to enter:

- Fall \_\_\_\_\_
  - Spring \_\_\_\_\_
  - Summer \_\_\_\_\_
  - Summer Tourisme and Gastronomy
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**Academic**

Please indicate your Major \_\_\_\_\_

Please indicate your Minor \_\_\_\_\_  
(if any)

List all colleges you have attended, with current or most recent college first

COLLEGE	CITY	COUNTRY	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all courses in which you wish to register at CEFAM

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**Emergency Contact**

Contact's Full Name \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Street Name \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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Please indicate any disabilities or medical conditions

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SIGNATURE OF APPLICANT: I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION PERSONALLY AND THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUTHFUL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date