



9. **Ethnic Origin (optional):** State government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the campus population.

Black (non-Hispanic)       White       Hispanic (Mexican, Puerto Rican, Cuban, Central or South American)  
 Native American (including Alaskan native)       Asian       Other (\_\_\_\_\_)

**PART II: Academic Information**

10. **Highest degree completed or in progress NC A&T:** \_\_\_\_\_

Major field of study: \_\_\_\_\_ Date of Completion (*actual or expected*) \_\_\_\_\_ / \_\_\_\_\_  
month year

11. **Do you anticipate using your study abroad experience towards the Global Studies Certificate:**

Yes       No

12. **Program Abroad:** \_\_\_\_\_ **Host Institution or Program Coordinator:** \_\_\_\_\_

**Host Country:** \_\_\_\_\_ **Host City:** \_\_\_\_\_

**Program Start Date:** \_\_\_\_\_ (*month/day/year*) **Program End Date:** \_\_\_\_\_ (*month/day/year*)

13. **Principal field(s) or area of study during study abroad:** \_\_\_\_\_

14. **Please indicate the number of credits you plan to earn abroad:** \_\_\_\_\_ Undergraduate      \_\_\_\_\_ Graduate

15. **Will you take any language classes while abroad?**  Yes       No      **What Language?** \_\_\_\_\_

16. **Class standing during study abroad:** \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior      \_\_\_\_\_ Graduate      **Cum GPA:** \_\_\_\_\_

17. **Do you plan to receive any financial aid to pay for your study abroad (including scholarships)?**

Yes       No

18. I authorize the North Carolina Agricultural & Technical State University I understand that I must register for A&T.

I agree to notify the **Office of International Program** immediately if I no longer want to be considered for study abroad. **If I accept a study abroad placement, I agree that:**

- I will take part in all aspects of the program, including orientation and evaluation.
- I will pay to OIP the designated program fee covering the full period of my study abroad placement (if applicable).
- I will purchase insurance coverage as may be required by OIP.
- My study abroad placement may be terminated early by OIP if I am found to be in violation of laws or regulations of my host country or institution.
- If I withdraw from the program any time after accepting the placement, or if my study abroad placement is terminated after I began the program:
  - I may still be obligated to pay the full program fee at the discretion of OIP in collaboration and agreement with my host institution or program.
  - I will forfeit my right to receive benefits as an OIP study abroad participant and must reimburse my host and home institutions for any money advanced to me to cover benefits after the date of withdrawal or termination.

I acknowledge that all my statements on this application are complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date