

**Union University Study Abroad Application for
Study Tour to Italy and France 2009**

Contact Information

Name _____ Student ID# _____

Union Box Number _____ Email Address _____

Home Address _____
Street City State Zip

Phone Numbers _____
Cell Home Other

Emergency Contact Information [Person(s) to contact in case of an emergency]

Name _____ Phone _____

Relationship to You _____

Name _____ Phone _____

Relationship to You _____

Academic Information

Union University Student Yes No

Courses Art 210 ENG 201 ENG 202 Other Audit

Passport Information

I have a passport. I do not have a passport but will apply immediately.

Passport No. _____ Expiration Date _____ Country of Issue _____

Your passport must be valid for 6 months beyond your return date.

Return this form along with the External Study Program Fee* to:

Mrs. Carol Johnson, Program Coordinator
Institute for International/Intercultural Studies
Union University
1050 Union University Drive
Jackson, TN 38305

*Union University Students or Personnel -- \$25.00
Non-Union University Students or Personnel -- \$50.00