



STUDY ABROAD INQUIRY FORM

Date: _____

Name: _____

RU ID Number: _____

Grade Level: Freshman Sophomore Junior Senior Graduate

Anticipated Graduation Year: _____

Major: _____ Minor: _____

Academic Advisor: _____ Academic Dean: _____

GPA: _____

Cell Phone: (_____) _____

RU Email: _____@mail.roosevelt.edu

STUDY ABROAD PROGRAM INFORMATION

When do you want to study abroad? Year: _____ Fall Spring Summer

Country or region you are interested in: _____

Why are you interested in studying abroad, and what do you hope to gain from this experience? (Please use the back of this form if you need more space)

Foreign Language(s) Studied: _____ Number of years of study: _____

If you have not studied a foreign language, would you be interested in studying one?

Yes No If so, which one?: _____

FUNDING

What methods of funding do you have available for study abroad?

Federal Aid State Aid Self/Parental Support Private Scholarship RUScholarship