



Westchester
Community College

State University of New York

Application: Study Abroad Program in Costa Rica

July 2 - August 2, 2010

Last day to apply is: May 18

NON-REFUNDABLE APPLICATION FEE: \$60.00

Payable to WCC/FSA

Name (as it appears in your passport) _____
(Last) (First) (M.I.)

Permanent mailing address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell phone (_____) _____

E-mail address (please spell clearly) _____

SSN _____ Date of Birth ____/____/____
MM DD YYYY

Legal Status in the United States ___ Citizen ___ Resident ___ F1 Visa ___ Other

Do you hold a valid Passport? Yes _____ No _____

If yes, please write your Passport number and place of issuance _____

School presently attending _____

Are you a new student or a returning student at WCC? _____

What is your major? _____ No. of Credits earned _____

List the two courses you will be taking in Costa Rica

1) _____ 2) _____

Parents or Guardian if under 21 _____

If over 21, person to contact in case of emergency _____

Relationship to you _____ Phone (_____) _____

Address _____

Have you traveled, lived or studied abroad? Yes _____ No _____

Please describe _____

List countries visited _____

Do you have a medical insurance policy covering foreign travel? Yes _____ No _____

If yes, please list company name and policy number _____

Any medical condition(s) we should know about? (i.e. allergies) _____

Do you have a special diet? (i.e. vegetarian) _____

I certify that the statements contained in this application are correct.

(Signature of applicant)

(Date)

Return this form to: Prof. Adis Fazzino
Westchester Community College
75 Grasslands Road
Valhalla, NY 10595

FOR OFFICE USE ONLY

	Amount	Date Rec'd / Rec'd by
Application fee	_____	_____
Deposit	_____	_____
Tuition	_____	_____
Program Balance	_____	_____
Other	_____	_____
Director	_____	_____