Non-CoB Program STUDY ABROAD SCHOLARSHIP APPLICATION

Contact Information

Name _____ UC ID# _____

Local Address _____ City _____ State ____ Zip _____

Local Tel # _____ Email _____

Academic Standing

Major _____ Concentration_____

Class FR SO JR SR GPA _____

Study Abroad Information

Study Abroad Program _____

Country to be visited _____ Dates of Program _____

Cost	Tuition/ Fees	_____
	Accommodations	_____
	Meals	_____
	Travel	_____
	TOTAL	_____

Funds requested _____

Coursework to be completed

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Explain why you have chosen this program? How does this program fit into your academic plan? How do you hope to benefit from this program?

UC International Advisor:

Name _____ Email _____

Expectations

In exchange for the CoB study abroad scholarship, our office expects a monthly email report of what you are experiencing, details of academic differences, how you are adjusting, what have been challenges, and what you are learning.

Please return this application to:

Ms. Lee Armstrong, Associate Director
Lindner Hall, Suite 103, ML 0020
College of Business International Programs
Cincinnati, OH 45221-0020
Tel: 556-7081
Lee.armstrong@uc.edu