



Where the lessons of the campus take shape into a world view!

GEL PARTICIPANT APPLICATION

All information must be printed clearly in black ink.

Academic Program: _____ Destination(s): _____

Full Legal Passport Name: _____

Passport Number: _____ Expiration Date: _____

Attach a clear, high quality copy of your passport information page to this application.

If you do not have your passport, you must apply immediately and obtain a passport no later than January 31st. Passports take the government 6-8 weeks to process. Be sure to check that the expiration date of current passport does not expire before six months beyond the date of your return from this travel program (many countries require validity beyond return date in the event of hospitalization). If you do not have a passport, write your name above EXACTLY as you plan to do so on your passport application. This is important because airline tickets will be bought in the name you write on the line above for full legal passport name and can not be changed later.

Date of Birth: ___ Month; ___ Date; ___ Year; Place of Birth: _____

This information is required for letters of invitation and visa applications.

Status: ___ Student of SU; ___ Faculty or Staff of SU; ___ Other/Friend of SU*

** Anyone in this category will need to complete the SU Special Student Application Form.*

If student, faculty or staff of SU, please enter University ID#: _____

Local Phone # w/ area code: _____ SU Email address: _____

Only SU email address will be the official email address for communication.

Family/Legal Emergency Contact (Parent/Guardian if under the age of 21):

Name: _____ Relationship: _____

Phone (home): _____ (work): _____

(include area code)

(include area code)

I understand that application submission does not constitute automatic acceptance into the program. Further, I understand that Shenandoah University reserves the right to change or cancel any program as deemed necessary. I also understand that I will be required to submit additional forms and documents related to program participation at a later date and that I must submit them by the due dates indicated. Finally, I am aware of the deposit schedule (\$1000 by 11/30/05; \$1290 by 01/15/06; \$1000 by 2/15/06) and that failure to meet the due dates may inflate the cost of my participation in the program.

Applicant Signature: _____ Date: _____

If under 21 years of age: _____ Date: _____

(Parent/Guardian Signature)

Submit to: Dr. RT Good, Dean – Shenandoah University
School of Continuing Education, 1460 University Drive, Winchester, Virginia 22601
540-665-1290 (office) 540-665-3496 (fax) rgood@su.edu