

R · I · T

Dubai

Study Abroad to RIT Dubai

Please review application instructions and print or type all responses.

Return application and supporting documents to Anna Lombard, 01:4000, aylcto@rit.edu

I am applying for: Fall Winter Fall & Winter

NAME _____
Last/Family First/Given Middle

PERMANENT MAILING ADDRESS _____
Number and Street

_____ City Postal Code

_____ Country

TELEPHONE AND EMAIL _____
Home Telephone Business Telephone

_____ Email Address Cell Phone Number

BIRTHDATE _____
Month Day Year

GENDER Male Female

PROGRAM OF STUDY _____

LIBERAL ARTS MINOR/CONCENTRATION:

List Courses You Wish to Take While in Dubai _____

CITIZENSHIP AND PASSPORT INFORMATION

Country of Citizenship:	
City & Country of birth:	Country Issuing Passport:
Passport Number:	Passport Expiration Date:

PLEASE SUBMIT A COPY OF THE BIO PAGE OF YOUR PASSPORT OR PASSPORT APPLICATION COPY

EMERGENCY CONTACT INFORMATION

Father's contact information	Mother's contact information
Name:	Name:
Address:	Address:
Phone number(s):	Phone number(s):
Email address:	Email address:

EMERGENCY CONTACT

Name:
Relationship to you:
Address:
Phone number(s):

STUDY ABROAD AND LANGUAGE EXPERIENCE

Language Spoken:	Native language:
Other countries visited:	Other study abroad programs completed:

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE PLAN:	SUBSCRIBER NAME:
RELATIONSHIP TO STUDENT:	SUBSCRIBER IDENTIFICATION #:
CUSTOMER SERVICE TELEPHONE NUMBER:	OTHER INSURANCE INFORMATION:

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT?

I understand that I am required to enroll in a minimum of 12 US credit hours on a quarter system, 16 US credit hours on a semester study abroad program, and 8 semester hours on a summer program in order to maintain my full-time status at RIT. I understand that I am responsible for contacting my financial aid counselor to discuss changes in my financial aid eligibility if I elect to enroll for less than the minimum credit hours required for full-time status.

I certify that the information on this application to be correct and understand that on becoming a participant in an RIT affiliated study abroad program I shall be subject to all rules, regulations, and requirements as to conduct, scholarship, and continuance in Rochester Institute of Technology. I understand that Rochester Institute of Technology reserves the right to require the withdrawal of any student on account of unsatisfactory academic work or behavior.

Signature _____ Date _____

My signature above indicates that all information provided in this application is complete, factually correct, and honestly prepared.