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## Office of Study Abroad and International Experiences

http://www.uml.edu/international-programs

## **Study Abroad Inquiry Form**

Today's Date		UM	S#					
Name	E-m	E-mail Address						
Phone 1		Pho	ne 2					
Expected Year of C	Graduation	I an	currently a:	FR	SO	JR	SR	GR
Cumulative GPA _								
Major(s)								
Major Faculty Adv	isor	Min	nor					
1. Where do you w	ant to study abr	•				•		
2. When would you	ı like to study a	broad? Please	write in year					
□ Fall		□ Spring						
□ Summer _		□ Winter						
3. Sources of incom	ne you might to	use for study	abroad (circle	as m	any as	nece	ssary)	:
Personal	Parents	Loans	Financia	l Aid		Oth	ner	
4. Do you have a p	passport? Yes	or No						