

Old Dominion University

Application for Short-Term Affiliated Programs



Program Name: _____

Personal Information:

Name (as it appears [or will appear] in your passport):

First

Middle

Last

Current Address: _____
Street

City

State

Zip Code

Phone/Cell Phone

Valid Until: _____

Permanent Address: _____
Street

City

State

Zip Code

Phone

ODU E-mail: _____

(Note: The Office of Study Abroad communicates with student applicants and participants through official ODU email addresses ONLY. It is the applicant/participant's responsibility to regularly check his/her ODU email account to receive important and time-sensitive information regarding study abroad programs.)

Date of Birth: _____ UIN: _____

Passport #: _____ Citizenship: _____

(If presently unavailable, please provide as soon as possible)

Do you have a valid passport? Yes No

Male

Female

Smoking

Non-smoking

Academic Information:

Class Standing: **Fr** **So** **Jr** **Sr** **Grad**

Major: _____ Minor: _____

Cumulative GPA: _____ Academic Advisor: _____

