Nicholls State University

Request for Study Abroad (Exchange Programs)

Name: ________________________________________________________________

First                      Middle                      Last

Date of Birth: ___________________________ Nicholls student ID: N_____________

Academic Major: _______________________________________________________

Academic Advisor: ______________________________________________________

Classification: □Sophomore  □Junior  □Senior  □Graduate

Address: ______________________________________________________________

Number and street       City       State       Zip

Email address: ___________________________________________________________

Telephone: (___) _____ _______  Alt. Telephone: (___) _____ _______

Emergency contact: ______________________________________________________

Name                   Relationship

Address                              Telephone

I would like to participate in a study abroad program at the following exchange partner:

☐ NEOMA Business School (formerly Reims), France  ☐ ESCE Paris, France
☐ ESC St. Etienne, France  ☐ Plymouth University, UK
☐ Hallym University, South Korea  ☐ EM Normandie, Le Havre, France
☐ PULV (Pôle Universitaire Leonard de Vinci), Paris La-Défense, France

Starting: □Fall 20__  □Spring 20__  For: □1 semester  □1 year

Return this form to International Students Services by:
- October 1st if you wish to study abroad in the Spring
- April 1st if you wish to study abroad in the Fall

This form must be turned in with a brief statement on why you want to study abroad.

Your Academic Department Head must approve this request.

Date:                                  Date:

__________________________________________  ________________________________
Signature, Academic Department Head.       Signature, Student