

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:

- | | |
|---|---|
| <input type="checkbox"/> NEOMA Business School (formerly Reims), France | <input type="checkbox"/> ESCE Paris, France |
| <input type="checkbox"/> ESC St. Etienne, France | <input type="checkbox"/> Plymouth University, UK |
| <input type="checkbox"/> Hallym University, South Korea | <input type="checkbox"/> EM Normandie, Le Havre, France |
| <input type="checkbox"/> 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