

PASSPORT GRANT APPLICATION

Name: _____

HUNTERID: _____ Birthdate: _____ Are you a U.S. citizen? Yes ___ No ___

Have you ever had or applied for a U.S. passport before? Yes ___ No ___

Permanent Mailing Address:

E-Mail: _____ Phone Number: _____

I would like to study abroad (circle one of the five options and write in year[s] where appropriate) during:

1. Fall 20___ 2. Spring 20___ 3. Academic Year 20___ - ___ 4. Summer 20___ 5. Winter 20___

I plan to study in the following country: _____

Name of Program: _____

ACADEMIC

Major(s): _____ GPA: _____

Class Standing (circle one): Freshman Sophomore Junior Senior Transfer

Anticipated Date of Graduation: _____ First Semester at Hunter: _____

The answers I have given on this application are correct to the best of my knowledge.

Applicant's Signature

Date

*If you have any questions, please contact Education Abroad: E1447; 212-772-4983;
edabroad@hunter.cuny.edu*

FOR OFFICE USE ONLY				
SEEK:	___	1ST YR:	FR or TR	Approved: _____
MHC:	___	FT:	_____	Date: _____
