North Carolina Central University
Office of International Affairs

Study Abroad

NCCU STUDY ABROAD ENQUIRY FORM

Name: ________________________________

Campus Address: ________________________________

Cell Phone: ___________________ Personal E-mail _______________ (Optional)

Campus Phone: ___________________ NCCU E-mail: _______________

Home Phone: ___________________

Major: __________________________ Minor: _______________ (If any)

Classification: ________________________________

Academic Advisor: ________________________________

Study Abroad Destination: (List Possible Countries)

Why do you want to study abroad?

When would you like to study abroad? (Summer _____ Fall _____ Spring _____
Academic Year 200_ to 200__)

Do you have a passport? __________

Do you currently receive financial aid from NCCU? __________

Would you like to apply for scholarships? __________

________________________________________   __________________
Signature                                      Date