

MAGELLAN

STUDY ABROAD



APPLICATION

STUDENT INFORMATION

NAME _____
[Exactly as it appears on passport] FIRST MIDDLE LAST

NICKNAME _____ MALE FEMALE

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____
[Please print clearly]

DATE OF BIRTH _____ GRADE LEVEL AT TIME OF APPLICATION _____ GPA _____

PASSPORT # _____ COUNTRY OF ISSUE _____ EXPIRATION _____
[Expiration date must be AT LEAST 6 months after Program return date to be considered VALID. If not, please renew immediately.]

FOREIGN LANGUAGE _____ YEARS STUDIED AS OF JUNE PRIOR TO PROGRAM _____
[For Language Programs Only]

FAMILY INFORMATION

MOTHER'S NAME _____ CELL / WORK PHONE _____

MOTHER'S EMAIL ADDRESS _____
[Please print clearly. Much of our correspondence will be electronic.]

FATHER'S NAME _____ CELL / WORK PHONE _____

FATHER'S EMAIL ADDRESS _____
[Please print clearly. Much of our correspondence will be electronic.]

PARENT ADDRESS _____ FATHER MOTHER
[Only if different from above.]

PLEASE SEND EMAIL CORRESPONDENCE TO: BOTH PARENTS FATHER ONLY MOTHER ONLY

FOR MAGELLAN USE ONLY

Fee _____	App rec'd _____	Dep \$ _____	T Rec _____	RC _____	Tr _____
Due _____	\$ _____	Due _____	\$ _____	Due _____	\$ _____
P/M _____	\$ _____	P/M _____	\$ _____	P/M _____	\$ _____
EC _____	RW _____	PC _____	MF _____	SP _____	

PROGRAM INFORMATION

PROGRAM DESTINATION _____

PROGRAM START – END DATES _____ TO _____

NAME OF HIGH SCHOOL _____

ADDRESS OF HIGH SCHOOL _____

MAGELLAN NETWORK SCHOOL? YES NO [If yes, skip next three lines]

PUBLISHED PROGRAM FEE _____ APPLICABLE DISCOUNTS _____

FINAL PROGRAM FEE _____ REPORT CARD ENCLOSED? YES NO [If no, see below]

DATE TEACHER REC. REQUESTED _____ DATE TRANSCRIPT REQUESTED _____

FOR MAGELLAN NETWORK SCHOOL APPLICANTS ONLY

PROGRAM FEE _____ INSTALLMENTS:\$ _____ DUE: _____

\$ _____ DUE: _____

\$ _____ DUE: _____

PLEASE READ CAREFULLY AND SIGN WHERE INDICATED

Enclosed are applicable eligibility forms and deposit required for admission to a Magellan Study Abroad program. We understand that enrollment will be determined based on timely receipt of payments and all required documents, and that Magellan Study Abroad reserves the right to deny enrollment to any applicant who does not comply with the enrollment requirements. We further understand that Magellan Study Abroad reserves the right to remove any applicant prior to the start of any program due to suspension or expulsion from school, or if during a program, due to behavior deemed detrimental to themselves or others in the program – and at our own expense. We will be required to sign an Enrollment Contract, a Release & Waiver Agreement, and provide a Medical Form as a condition of participation.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

ATTACH DEPOSIT CHECK HERE, PAYABLE TO:

MAGELLAN STUDY ABROAD
5482 WILSHIRE BLVD., SUITE 1621
LOS ANGELES, CA 90036