HSU-UMHB
LONDON SEMESTER APPLICATION
Spring 2010

NAME_____
Last First Middle

AGE_____DATE OF BIRTH_____ ID#_____

CAMPUS/LOCAL ADDRESS_____

PHONE_____ E-MAIL_____

PARENT'S NAMES AND HOME ADDRESS:

_____

_____

HOME PHONE_____

CLASSIFICATION_____ HOURS COMPLETED_____

MAJOR_____ ADVISOR_____

MINOR_____GPA_____DATE OF GRADUATION_____

PASSPORT NUMBER:_____ DATE: _____

WHY ARE YOU INTERESTED IN THE LONDON PROGRAM? (attach separate pages if necessary)

_____

_____

DO YOU HAVE OTHER INTERNATIONAL TRAVEL EXPERIENCE?

_____

_____

LIST TWO PROFESSORS TO EVALUATE YOU FOR THIS PROGRAM:

(1)_____(2)_____

TODAY'S DATE: _____

RETURN APPLICATION AND A $500.00 NON-REFUNDABLE APPLICATION FEE TO DR. DAVID HOLCOMB'S OFFICE, HEARD 301, BOX 8014-A BY September 15, 2009