MIAMI UNIVERSITY
OFFICE OF INTERNATIONAL EDUCATION

# ADVISING INFORMATION

Please fill this out as completely as possible before meeting with a study abroad advisor.

Name:

Email: ☐ Check if you do **NOT** want to be subscribed to our monthly Study Abroad Newsletter.

Gender: male | female Year in school:

Status: Ohio-resident | non-Ohio resident (US) | international student

Major(s) and Minor(s): GPA:

Do you have scholarships or financial aid? yes | no

If so, what scholarships and grants?

**When** do you want to study abroad? fall | spring | academic year | short-term 20_____

**Why** do you want to study abroad? What are your goals?

**What** do you want to study? major | minor | Miami plan | thematic sequence | other:

Do you have an idea **where** you want to study?

If so, why have you chosen that location?

Which foreign languages have you studied, and to what level?

*Do you have any additional concerns or needs you would like to disclose? For example, concerns about being an ethnic, religious or gender/sexuality minority? Special physical, medical, psychological, academic, dietary needs? Any fears related to studying abroad? Please bring these up when you talk to your study abroad advisor.*