New York University—Summer Study Abroad 2001
Interest Form for NYU Students

Students matriculated in an undergraduate or graduate degree program at New York University may use this form to indicate interest in Summer Study Abroad programs, except for programs offered in the School of Continuing and Professional Studies. Notification of approval will be distributed by the school offering the program.

Please type or print.

Personal Information

Last Name ______________________________________________First __________________________________ Middle Initial ____________

Permanent Home Address (Number and Street) _______________________________________________________________________________

City____________________________________________________State/Country __________________________ Zip/Postal Code ____________

Telephone Number _______________________________________Social Security Number __________________________________________

Current Mailing Address (Number and Street) _______________________________________________________________________________

City____________________________________________________State/Country __________________________ Zip/Postal Code ____________

Telephone Number _______________________________________Current Address Valid Until _________________________________

E-Mail _________________________________________________

Academic Information

Current NYU School ______________________________________School Adviser_________________________________________________

Summer Study Abroad Program

Program and Course Selections.

First-Choice Program/Country

Course Number__________________________________________Title _________________________________________________________

Housing Preference: □ Single Room (limited availability) □ Double Room □ Triple Room □ Quad □ Multiroom

Second-Choice Program/Country

□ I would like to attend two programs in summer 2001. □ Consider my second choice only if first choice is unavailable.

Course Number__________________________________________Title _________________________________________________________

Housing Preference: □ Single Room (limited availability) □ Double Room □ Triple Room □ Quad □ Multiroom

Student’s Signature ______________________________________________________________________________Date___________________

Please return this form to
New York University, Office of Summer Sessions, 7 East 12th Street, 6th Floor, New York, NY 10003-4475.