SUMMER STUDY ABROAD PROGRAM APPLICATION 2016
Caribbean Studies Program
College of Arts and Sciences
HOWARD UNIVERSITY

2441 6th Street, NW, Washington DC 20059, Locke Hall 214 (202) 806 7756 http://www.coas.howard.edu/caribbeanstudies/

PROGRAM (Study Abroad Country) for which you are applying

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PERSONAL INFORMATION

Name ---------------------------------------------------------------------------------------------

Date of Birth  ----------------------------------- Gender: Male ---- Female----

Citizenship  ----------------------------------- HU ID Number & SSN  -----------------------------------

University currently attending  --------------- Major field of study  ---------------------------------

You are currently a: Freshman ---- Sophomore ---- Junior ---- Senior ---- Graduate ----

Local address  -------------------------------------------------------------------------------------

Local Telephone  -------------- Cell Phone  -------------- Email  -------------------------------

Permanent Address  ---------------------------------------------------------------

PARENT OR GUARDIAN INFORMATION

Name  ---------------------------------------------------------------------------------------------------

Address  --------------------------------------------------------------------------------------------------

Telephone  -------------- Cell Phone  -------------- Email  -------------------------------

EMERGENCY CONTACT (if other than above)

Name  ---------------------------------------------------------------------------------------------------

Relationship  ------------------------------------------------------------------------------------------------

Address  --------------------------------------------------------------------------------------------------

Telephone  ------------------------------------------------------------------------------------------------

Application deadline is November 30, 2015. Deposit of $500 must accompany application. Make checks or money orders payable to Caribbean Studies Program R201485. Send application to address above.
PARENT/ GUARDIAN CONSENT FORM

I hereby give consent for my daughter---- son ---- ward ---- to travel to Jamaica to participate in the Summer 2016 Study Abroad being organized by the Caribbean Studies Program of Howard University in association with the University of the West Indies, Mona, Jamaica, from June 19 to July 8, 2016.

Signed

I further give consent for my daughter ---- son---- ward--- to participate in the weekend stay at a hotel on Jamaica’s north coast July 8-9, 2016.

Signed

Contact: Dr Curdella Forbes: ceforbes@howard.edu or 202 806 7756.